



Department of Health and Children

Business Plan 2001

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Reporting to Secretary General

Change Management Team

Communication Unit

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Department of Health and Children

Business Plans 2001

Division name: Change Management Team

Division head: Vincent Barton

Divisional objectives:

1. Support the Minister in the discharge of his functions and in particular in the roll out of the Civil Service Reform Process
2. Support the development of a new national health strategy
3. Promote the SMI programme in the Department by supporting divisions in managing an integrated programme of change
4. Support a programme for modernisation in the health service including a programme of devolution of executive functions

Section 1

| Divisional Objective No. 1: Support the Minister in the discharge of his functions and in particular in the roll out of the Civil Service Reform Process | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Respond to demands from Minister's Office for a range of support material and advice | Draft Speeches, press releases, briefing notes, policy papers. reply to PQs, Reps, FOI requests. Organise launches, information sessions | ongoing | Vincent Barton | Compliance with: Dáil PQ procedures FOI legislation Customer Service Action Plan and Quality Customer Service Principles re Reps |

| Divisional Objective No. 1 : Support the Minister in the discharge of his functions and in particular in the roll out of the Civil Service Reform Process | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Completed documents and services as specified above |
| Dependencies/Linkages - External and Internal | Minister's Office, Systems Unit (Internal), Communications Officer, Personnel, Corporate Services, Accounts, Press Office, Dáil Office |
| How the identified dependencies and linkages will be managed. | Meetings as required |
| Comments | Unpredictable nature of demand makes accurate prediction of resource and time requirements impossible. Resource requirement will be reviewed in monthly business plan reviews. Expected increase over 2000 due to demands of new national health strategy. |

Change Management Team

| Divisional Objective No. 2: Support the development of a new national health strategy | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Coordinate the production of new national health strategy | Participate in and support the work of the Project Team, (leader: Ms F. Spillane) Steering Group and Consultative Forum in developing, drafting and preparing new strategy for publication | Mid Year | VB/MD/SK /LC | Production of new National Health Strategy |
| | Commission critique of current strategy | End February | | Completion of critique |
| | Commission external support for consultation process around new strategy | Mid March | | Provision of support to consultation process |

| Divisional Objective No. 2 Support the development of a new national health strategy | |
|---|---|
| Percentage of Total Divisional Time | 50% |
| Output(s)/ Services Delivered | Critique of current Health Strategy. Publication of a new national health strategy. |
| Dependencies/Linkages - External and Internal | All divisions, rest of Project Team, Health Strategy Steering Group, Consultative Forum |
| How the identified dependencies and linkages will be managed. | To be agreed by Project Team |
| Comments | Given the priority allocated to this task, it is anticipated that the estimated share of divisional resources involved as set out above (50%) is likely to be conservative. |

Change Management Team

| Divisional Objective No. 3: Promote the SMI programme in the Department by supporting divisions in managing an integrated programme of change | | | | |
|--|---|--|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Preparation of new Departmental Strategy Statement | Obtain timetable for production from MAC Identify Editorial Process and seek approval from MAC Draft and publish new Departmental Strategy Statement | Mid August End August End October | MD | |
| Continued implementation of Business Planning Cycle | Combine the Department's Divisional plans for 2001 into single plan and table for MAC agreement and sign-off Support MAC quarterly reviews Put in place formal feedback and support mechanisms for all divisions Review and consider options for business plan cycle for 2002 Issue revised guidelines, template and schedule for 2002 | End February Ongoing End April End Sept. End Oct. | CML | Production of single Business Plan for Department in a timely manner Support provided Provision of means to improve planning process More defined process for 2002 cycle Documents issued on time |
| Progress the roll-out of PMDS training by supporting the Project Group on the implementation of an agreed plan | Organise the Planning Stage of PMDS training for all staff by grade Commission research on effectiveness of PMDS Training Tender consultants for Interim/Final Review Stages Training Organise Interim Review Stage Training Plan the End of Year Review Stage PMDS Training Evaluation of first full year of the implementation of PMDS | End May Mid February July Oct Dec. End Nov. | VB/AG | |

Change Management Team

| Divisional Objective No. 3: Promote the SMI programme in the Department by supporting divisions in managing an integrated programme of change | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Establishment of Training Framework | Draft a Training Plan | Mid Feb. | VB/AG | Framework Agreed with HR/ICT/Line Managers |
| | Consult with HR, ICT and line managers | Mid Feb. | | |
| | Secure approval from Secretary General | End Feb. | | |
| | Implement the agreed Training Plan | Early April | | |
| | Engage external assistance to provide training | end May | | Appointment of external consultants |
| Progress the implementation of the Government Programme of Regulatory reform per Government Decision of 01/06/1999 | Identify options to assess "Customer Friendliness" of Dept of Health and Children legislation | End Dec. | MD | Establish consensus with Legal Advisor on options for progress by September 2001 |
| Prepare proposals for re-structuring of the Department in response to new national health strategy | Analyse existing material on Departmental structure and previous re-structuring options | End May | CML | Summary report of pre-existing material |
| | Prepare options for producing re-structuring proposals (consultation process, engagement of consultants etc) | End June | CML | Process and timescale agreed at MAC |
| | Consultation process (to encompass MAC, PO group, Partnership Committee, etc) Seek views of those involved in formulating new national health strategy | Mid September | CML | Opportunity provided for all who will be affected to be involved |
| | Drafting of restructuring proposals and submission to MAC | End October | CML | Production of proposals |
| Prepare for the production of annual progress report for 2001-2002 | Inform divisions of requirements for on-going review of progress on statement of strategy and reporting requirements for annual report on strategy | March | MD | Maintain awareness of report requirements |
| | Prepare plan for producing next annual report | December | | Production of plan |

Change Management Team

| Divisional Objective No. 3: Promote the SMI programme in the Department by supporting divisions in managing an integrated programme of change | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Liaise with lead divisions in the Department on related initiatives of SMI agenda e.g. e-government, Quality Customer Service, Generic Financial Model | Seek opportunities to increase synergy among initiatives and promote awareness within Department | Ongoing | VB/CML | Greater understanding of, and co-operation on, the various initiatives |
| | Establish PO group to pull together Department action on all modernisation/SMI initiatives | End January | VB | Co-ordinated effort on initiatives |
| | Pursue common initiatives with other divisions/teams | Ongoing | VB/CML | Involvement with Corporate Services Group |

Change Management Team

| | |
|--|--|
| Divisional Objective No. 3: Promote the SMI programme in the Department by supporting divisions in managing an integrated programme of change | |
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | <p>Completed Divisional Business Plans for 2001 combined into single plan for Department</p> <p>Production of a summary report on review and monitoring of 2001 Business Plans</p> <p>Revised Guidelines, template and schedule for 2002 business planning cycle</p> <p>All members of staff to have received Planning Stage and Interim Review Stage of PMDS Training</p> <p>Production of a Training Plan</p> <p>Report on the first full year of the implementation of PMDS</p> <p>Proposals for re-structuring of the Department</p> |
| Dependencies/Linkages - External and Internal | <p>All Divisions (for inputs)</p> <p>MAC (for various decisions)</p> <p>Key linkage to Internal Personnel re: training and PMDS</p> |
| How the identified dependencies and linkages will be managed. | <p>Divisions: contacts via e-mail, written, telephone and personal meetings, provision of information and feedback sessions, provision of information via HealthNET</p> <p>MAC: submission of memos, email, meetings</p> <p>Internal Personnel: maintain close contact on particular issues; joint participation on PMDS training evaluation and membership of Corporate Services group</p> |
| Comments | |

Change Management Team

| Divisional Objective No. 4: Support a programme for modernisation in the health service including a programme of devolution of executive functions | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Secure the establishment of a national accreditation programme | Submit a memo to Government | End Feb. | VB | Programme established |
| | Arrange for SI preparation and signature | Mid March | | |
| | Support Personnel Unit re: staffing of new agency | Mid March | | |
| Secure Health Board CEO agreement on national framework for patient advocacy initiative | Agree proposal document for Health Board CEO group at joint DoHC/ERHA working group | End February | VB | Creation of framework |
| Support the Quality in Healthcare Forum as convened in late 2000 | Agree strategic framework document for quality at Forum | April | VB | |
| | Organise follow-up meeting of Forum in liaison with CMO | May | VB | |
| Support the programme of devolution of executive functions to the ERHA | Create a database of devolution items | End January | CML | Accurate database of status of devolution items and agreed documentation of devolved functions |
| | Establish current status of devolution programme | End February | | |
| | Establish group in Department to assess and manage proposed devolution schedule | End April | | |
| | Conduct monthly reviews of progress and implications | Ongoing | | |
| Support the programme of devolution of executive functions to the Health Boards and Health Board Executive (HeBE) | Update devolution database with functions proposed for Health Boards and HeBE | End February | CML | Devolution database updated to include non-ERHA devolution functions |
| | Agree monitoring and sign-off procedures for non-ERHA devolution items | End April | | |

Change Management Team

| Divisional Objective No. 4 : Support a programme for modernisation in the health service including a programme of devolution of executive functions | |
|--|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | <p>Memo to Government and SI re: national accreditation programme</p> <p>Agreed document on national framework on patient advocacy</p> <p>Agreed framework document on quality</p> <p>Accurate status reporting on progress of devolution of executive functions</p> <p>Sign-off documents for devolved functions</p> |
| Dependencies/Linkages - External and Internal | <p>Internal: All divisions, MAC</p> <p>External: ERHA, Health Boards, HeBE</p> |
| How the identified dependencies and linkages will be managed. | Regular contact and meetings as appropriate. |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|---|---|--|
| Build proficiency in Change Management Theory & Practice | Attend courses/seminars. Establish links with other Departments | Ongoing | All members of team |
| Identify specialised training needs for Change Management and acquire same | Additional skills for team members to improve effectiveness of team | Ongoing | All members of team |
| Learn further about Quality Customer Service (QCS) Principles | Deeper awareness and understanding of role of QCS principles and practical implications | End March | All members of team |
| Continue to develop use of Information and Communications Technology (ICT) to improve efficiency of CMT Upgrade ICT hardware and software | Improved business practices, greater understanding of requirements for successful implementation of ICT, greater insight into issues involved in e-Government | Ongoing | All members of team |
| Pilot implementation of document imaging in collaboration with FOI section | Greater understanding of practical issues, set of imaged documents. | September | To be agreed |
| PMDS training for CMT staff | Complete Planning stage Complete role profile Complete Interim Stage Start end of year review stage | April 2001 End May End Oct Dec | All members of team |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|--|---|
| Weekly information sessions (<10 minutes) 10:45 am each Thursday | Everyone | Improved communication among team members, increased understanding of common issues |
| Monthly Team meeting to review Change Management Agenda (including Business Plan Review and PMDS progress) at 11:30 on first Thursday of the month | CML (preparation of Agenda), everyone (attendance) | As above and revised business plan and/or other resource allocations |
| Weekly business meeting with Secretary General | VB | Revised work schedule |
| Quarterly Status Report on Business Plan on Last Friday of March, June, September and December. | CML | Status of plan and proposals for modifications as necessary |
| Quarterly Business Plan Review with Secretary General | VB | Revised Business Plan |
| Review meetings with partner divisions as required | VB/AG/MD/SK/CML | Coordinated approach to business plan revisions and work items |

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Department of Health and Children

Business Plans 2001

Division name: Communication Unit

(Customer Services/Press Office/Library & Information)

Division head: Seamus Molloy

Divisional objectives:

1. Support the implementation of the revised Quality Customer Service Principles, in accordance with Government decision of July 2000.
2. Promote and encourage the development of quality customer service within the health services.
3. Ensure effective smooth operations of the Press Office to meet internal and external demands.
4. Enhance Internal & External Communication (linked to Press Office & Customer Services).
5. Explore and agree on future role for Library & Information services.

Communication Unit

Section 1

| Divisional Objective No. 1: Support the implementation of the revised Quality Customer Service Principles, in accordance with Government decision of July 2000. | | | | |
|---|---|------------------------|-----------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1. Embed Quality Customer Service Principles into the Department's culture and behaviour | Advise on practical implementation of Quality Customer Service Principles so divisions incorporate them in their business plans | early 2001 | SMcC | Evidenced in Business plans. |
| | Hold periodic seminars at divisional level to review the implementation of Quality Principles | ongoing | SMcC | seminars held |
| | Establish CS Group to oversee pilot scheme in selected areas (internal). | ongoing | SMcC (+others tbd) | Pilot project underway/ monitored/results produced |
| 2. Increase customer (internal and external) service awareness within the Department | Reintroduction of Customer Service Training Courses | May 2001 | SMcC (+others TBD) | courses run |
| | Disseminate Customer Service Information via HEALTH NET | ongoing | | info on health net |
| | Prepare & circulate guidelines/information booklet on good practice for 'Dealing with the Customer' to staff | May 2001 | | DOC published |
| | Survey current level of internal customer service awareness | Ongoing | | surveys completed; results indicative change in Department's culture/behaviour |
| | Carry out periodic surveys on internal and external customer satisfaction | | | |
| 3. Promote the new Quality Customer Service Principles within agencies under the aegis of the Department | Establish a Health Board group comprising officers with customer service responsibility within their organisation | end March | SM/SmcC | Group established |
| | Devise work plan | April | | Plan produced; target areas for action agreed; seminar held |
| | Agree areas for immediate action | | | |
| | Agree suitable monitoring arrangements | | | |
| | Hold information seminar for wider audience at HB level | | | |

Communication Unit

| Divisional Objective No. 1: Support the implementation of the revised Quality Customer Service Principles, in accordance with Government decision of July 2000. | |
|--|---|
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | <p>1. 1 Improved customer service, with provision of clear, timely and accurate information at all points of contact.</p> <p>1..2 Quality service delivered with courtesy, sensitivity and the minimum delay</p> <p>1. 3 Staff recognised as internal customers; supported and consulted with regard to service delivery.</p> <p>1.4 Lessons learned from pilot scheme; focus altered accordingly</p> <p>2. 1 Customer Service Training Courses delivered</p> <p>2. 2 Booklet on “Dealing with the Customer” circulated</p> <p>2. 3 Meaningful consultation in relation to service delivery</p> <p>3. 1 Quality Customer Service awareness raised in Health Boards / Authority/Agencies</p> |
| Dependencies/Linkages - External and Internal | <p>Co-operation and commitment from Dept & HB colleagues</p> <p>Some external consultancy type assistance may be required</p> |
| How the identified dependencies and linkages will be managed. | <p>Requires Senior Management (Departmental & HBs) Endorsement</p> <p>Driven by Government Programme</p> |
| Comments | <p>The day to day running of the customer service call-in-centre will be detailed in an operational plan. At present a large percentage of time is spent supporting routine business. Objectives above do not include the essential ongoing activities.</p> <p>When established, the plan was to staff Customer Services with 1 HEO and 5 CO - it is currently running with shortage of 2 COs. On a busy week the Centre could deal with up to approx. 700 calls and up to 100 pieces of correspondence. Additional resources are required. Centre also carries out duties on behalf of HPU.</p> <p>It is hoped to involve, as appropriate, Junior staff members of the Customer Services team in achieving this objective.</p> |

Communication Unit

| Divisional Objective No. 2: Promote and encourage the development of quality customer service within the health services. | | | | |
|--|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Prepare the Department's Customer Service Action Plan to cover the period 2001 - 2004 | Set up Departmental Working Group to prepare new action plan (linked to actions above -pilot scheme etc.) Agree draft plan Obtain Senior Mgt. approval Final plan approved | March 2001 | SM/SMcC & others (TBD) | Group established |
| Publish and launch the Department's Customer Service Action Plan to cover the period 2001 - 2004 | Seek tenders for publishing Arrange contract Launch Communicate contents | April 2001 | SM/SMcC & others (TBD) | Action Plan Published |

| Divisional Objective No. 2: Promote and encourage the development of quality customer service within the health services. | |
|--|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Action Plan Published |
| Dependencies/Linkages - External and Internal | Co-operation and commitment from colleagues (see above also) |
| How the identified dependencies and linkages will be managed. | Requires Senior Management Endorsement Driven by Agenda for Government |
| Comments | See comments above under Objective 1. |

Communication Unit

| Divisional Objective No. 3: Press Office - Ensure effective smooth operations of office to meet internal and external demands | | | | |
|---|---|--|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3.1 <u>Routine Operations</u> Daily liaison with Ministers, Senior Managers, GIS, HBs and various media (print and Broadcast) etc. | Processing/assisting preparation of releases and speeches. Monitoring media & provision of press cuttings etc. Dealing with enquiries. Arranging interviews/assisting with launches etc. Provision and co-ordination of information to internal and external clients (colleagues, HBs, media and general public). Records managed (including oversight of web presentation of press office material). Continuous liaison with Health Board Press/Communication Officers | Ongoing | All | Deadlines are met. Quality material disseminated in a timely manner. Responses issued & interviews etc. occur. Completed Maintained Maintained Carried out |
| 3.2 Assess effectiveness of operations and improve as appropriate in accordance with recommendations . | Examine Office's performance by quality, type, volume of activity etc. Survey selected clients/elicited views. Introduce electronic press cutting service . Develop & prepare media guidelines for staff | End of April 2001 End of April End Feb. End March | SM & ANO | Summary findings drawn up. Survey questionnaire agreed, distributed, and analysed New system working and accessible (pilot period initially) Guidelines circulated |

Communication Unit

| Divisional Objective No. 3: Press Office - Ensure effective smooth operations of office to meet internal and external demands. | |
|---|--|
| Percentage of Total Divisional Time | <p>3.1 All 80- 90%</p> <p>3.2 All 10-15% ; SM & ANO 20%</p> |
| Output(s)/ Services Delivered | <p>3.1 Quality Information/data provided</p> <p>Ministers and senior managers fully supported as required .</p> <p>3.2 Identification of successful and unsuccessful areas of performance</p> <p>Clients perception of performance known.</p> <p>Timely relevant cuttings available to all staff</p> <p>New set of advice/ guideline notes produced</p> |
| Dependencies/Linkages - External and Internal | <p>3.1 Full Co-operation and support provided by departmental colleagues.</p> <p>Crises managed.</p> <p>Meaningful consultation occurs.</p> <p>3.2 Full participation in survey is achieved</p> <p>Systems support</p> |
| How the identified dependencies and linkages will be managed. | <p>3.1 Sharing of quality information and recognition of mutual pressures etc.</p> <p>Press Office communicates & articulates timely clear unambiguous messages.</p> <p>3.2 Improved management of crises & day to day business so as to afford time.</p> <p>Encourage participation, aim is to lead to a better service.</p> |
| Comments | <p>The Press Office is continually stretched and while ideally staff should have an opportunity to maintain a strategic focus this very often has not been possible. The additional staff provided mid to late last year and the return to full complement following illness should permit more flexibility and allow time to reflect on strategic issues and how performance can be improved etc. An operational plan underpinning this objective will be available</p> |

Communication Unit

| Divisional Objective No. 4: Enhance internal & external communication (linked to Press Office & Customer Services) | | | | |
|---|--|-------------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 4.1 Re-establish more focused Departmental Communications Group | Decide on membership Convene meeting Agree work plan Establish subgroups with specific remit e.g. internal/external/liaison with HBs etc. | end Feb. . end March | SM&ANO | Membership settled Initial meeting held Plan agreed |

| Divisional Objective No. 4: Enhance internal & external communication (linked to Press Office & Customer Services) | |
|---|---|
| Percentage of Total Divisional Time | SM 25% ANO 40% |
| Output(s)/ Services Delivered | Process underway Dept. made aware/note circulated Plan of action produced Regular meetings occur/sub Cttes active Improved intra-health sector communication |
| Dependencies/Linkages - External and Internal | Acceptance that improved communication is a requirement and an essential management tool. Staff willing and available to participate/contribute HBs continue to engage in process |
| How the identified dependencies and linkages will be managed. | Commitment to objective underscored by senior management support HBs senior Management sign up to objective |
| Comments | Foundations for the progression of the Group's intended work have been laid, both internally and externally. Certain areas for communication improvement have also been identified. Task is to prioritise these and progress. Difficulty arises in devoting enough 'space' to move matters along. Other factors and areas linked are work on the new National Health Information Strategy, role of IMU, HPU, Library & Information Services (see following re. latter) and implementation of FOI Act etc. |

Communication Unit

| Divisional Objective No. 5: Explore and agree on future role for Library & Information services | | | | |
|--|---|---|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 5.1 Review and evaluate Library and information services | Recruit Librarian/Information Officer Establish Working Group to evaluate service Settle TORS and work plan Carry out evaluation & draw up findings Obtain agreement & resources to implement recommendations | mid-March beg- April end May/early June June | SM/FK & ANO | Staff recruited Group established and working Evaluation completed successfully |

| Divisional Objective No. 5: Explore and agree on future role for Library & Information services | |
|--|--|
| Percentage of Total Divisional Time | SM 15% FK 50% ANO 50% |
| Output(s)/ Services Delivered | Librarian appointed & on site Future for Lib & Info Service agreed |
| Dependencies/Linkages - External and Internal | Speedy recruitment of Librarian Suitable evaluation Group established and working well Recommendations carried through and resourced as appropriate Staff can be freed up from day -to-day business to assist in evaluation |
| How the identified dependencies and linkages will be managed. | Care in recruitment process Selection of members of Group thought out fully/commitment and expertise determined Expectations of future service to be managed |
| Comments | <p>The library service requires remedial action. It is intended to keep the service as operational as possible while the review is carried out. However the current staff complement is only 1 EO and 0.5 CO; expectations of the service must reflect reality.</p> <p>Additional resources are required but it would be premature to seek these until the outcome of the review is clear. Meanwhile some assistance is provided by reallocation of staff from other areas within the Communication Unit from time to time. It hoped this ad hoc arrangement, though unsatisfactory will continue in the short term.</p> |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|---|----------------------------|--|
| <p>Unit to be staffed by competent fully trained officers.</p> <p>The aim is to enhance appropriate competencies (e.g. interpersonal, technical skills etc.) in line with PMDS imperatives , specific requirements for serving in Press /Media, Library & Information, Customer Service areas and appropriate Web maintenance.</p> | <p>Competent, qualified and satisfied staff.</p> | <p>Throughout the year</p> | <p>All staff & Training Unit Possible external input required.</p> |
| <p>Develop CS co-ordinator skills</p> | <p>Customer Service Co-ordinator training</p> | <p>ongoing</p> | <p>SMcC/QCS Network etc.</p> |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|---|
| Monthly team meeting to review business plan progress | SM/GT/PH/SMcC/FK/Lib | Obstacles to progress identified and solutions found. |
| Quarterly Report on business plan | SM/GT/PH/SMcC/FK/Lib | Revised plan prepared to reflect necessary amendments and to address outcomes of reviews, studies carried out in first half of year. |
| Monitoring and implementation will also be accomplished by detailed operational plans for each area | All | Assist in identifying roles and tasks for all staff. Clearer lines of responsibility etc. Linked to PMDS and overarching requirement to remain flexible to unanticipated needs. |

Office of the Chief Medical Officer

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Department of Health and Children

Business Plans 2001

Division name: Office of the Chief Medical Officer

Division head: Dr Jim Kiely

Divisional objectives:

1. To support Ministers in discharge of their functions
2. To support Department and Line Divisions in policy formulation and implementation in relation to its identified strategic objectives and management of public health crises
3. To evaluate the significance and implications of developments in public health and medical practice
4. To liaise and communicate with the organised medical profession
5. To produce CMO's Annual Report
6. To implement PMDS

Section 1

| Divisional Objective No. 1: To support the Ministers in discharge of their functions | | | | |
|---|---|-------------------------------|------------------------------|--------------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Respond to requests for support | Drafting of speech material, PQ replies, attending meetings and briefing Ministers as appropriate | Ongoing | All staff | Delivery of required service on time |
| Proactively advise Ministers of significant developments | | | | |

| Divisional Objective No. 1: To support the Ministers in discharge of their functions | |
|---|--|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Speech material, PQ information, attendance at meetings |
| Dependencies/Linkages - External and Internal | Communication with Minister's office, Line Divisions, Press Office and Communications Manager |
| How the identified dependices and linkages will be managed. | Establishment and maintenance of good communication channels with Minister's office, Line Divisions, Press Office and Communications Manager |
| Comments | |

Office of the Chief Medical Officer

| Divisional Objective No. 2: To support the Department and Line Divisions in policy formulation and implementation in relation to its identified strategic objectives and management of public health crises | | | | |
|--|---|---|---|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Participation in: - DOHC Strategy formulation - Quality Initiative - Health Information Strategy formulation | Participation by CMO in steering group Participation by DCMO in project team Participation by all DCMOs in support of Strategy development Management of Quality Forum Preparation of "Quality Document" for inclusion in DOHC Strategy Contribution to Strategy document | Ongoing July 2001 Ongoing | CMO Dr Devlin All staff CMO Dr Connolly Dr Holohan | |
| - CVS Strategy implementation - Cancer Strategy implementation | Participation by CMO in Task Force Participation by DCMO in CVS Advisory Forum Membership of DCMO in Cardiology Working Group Progressing work of Cancer Forum Contribution to Radiation Report Contribution to Palliative Care Report Implementation of Symptomatic Breast Cancer Report | Ongoing | CMO Dr Connolly Dr Connolly Dr Holohan | |
| - Communicable diseases strategy implementation | Review of vaccination programme Monitoring of CJD developments Implementation of ARS | Ongoing | Dr Devlin | |
| - Manpower policy implementation - Capital developments - Health Technology Assessment | Implementation of Forum Report Contribution to upgrading and editing of DOHC Equipping System Input into Project Groups & Equipping Team | Ongoing Ongoing Ongoing | CMO Dr Boothman Dr Boothman | |
| - International Activities | Preparation of documents and attendance at WHO, EU, C of E | Ongoing | All staff | |

Office of the Chief Medical Officer

| | |
|--|---|
| Divisional Objective No. 2: To support the Department and Line Divisions in policy formulation and implementation in relation to its identified strategic objectives and management of public health crises | |
| Percentage of Total Divisional Time | 60% |
| Output(s)/ Services Delivered | Attendance at meetings and evidence-based documents and advice provided |
| Dependencies/Linkages - External and Internal | Internal linkages with all Divisions External linkages with health agencies, nationally and internationally |
| How the identified dependices and linkages will be managed. | Through agreed communications channels and by reference to agreed management processes between participating Divisions and agencies |
| Comments | |

Office of the Chief Medical Officer

| Divisional Objective No. 3: To evaluate the significance and implications of developments in public health and medical practice | | | | |
|--|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Assess emerging scientific evidence through literature review, attendance at meetings and mobilisation of expert opinion | Finalise report on Cystic Fibrosis | June | Dr Holohan | Production of reports |
| | Finalise report on Vitamin K administration | March | Dr Connolly | |
| | Produce report on National Specialties issue | March | Dr Connolly | |
| | Monitor and report on vCJD developments | Ongoing | Dr Devlin | |

| Divisional Objective No. 3: To evaluate the significance and implications of developments in public health and medical practice | |
|--|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Reports, reviews and discussion documents |
| Dependencies/Linkages - External and Internal | Internal with relevant Line Division External with experts in various medical and scientific disciplines |
| How the identified dependices and linkages will be managed. | <ol style="list-style-type: none"> 1. Strengthen monitoring of health research 2. Consolidate communications networks with external experts, especially by bilateral consultation with individuals or institutions and by co-option of experts to working groups in Department of Health and Children, when required 3. Advice arising from 1 and 2 to inform divisional activities through agreed communications mechanisms |
| Comments | |

Office of the Chief Medical Officer

| Divisional Objective No. 4: To liaise and communicate with the organised medical profession | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Maintain linkages with officers of major professional bodies | Review progress on Medical Practitioners Act Consolidate developments in post graduate medical training | Ongoing | All staff | Regular meetings with officers of training bodies, PGMDB and Medical Council |

| Divisional Objective No. 4: To liaise and communicate with the organised medical profession | |
|--|--|
| Percentage of Total Divisional Time | 5% |
| Output(s)/Services Delivered | |
| Dependencies/Linkages - External and Internal | Internal with Personnel Management and Development Division External with relevant bodies |
| How the identified dependices and linkages will be managed. | Through agreed communications and process management plans |
| Comments | |

Office of the Chief Medical Officer

| Divisional Objective No. 5: To produce CMO's Annual Report | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Decide on theme of Report | Gather and collate information, produce draft, editorialise and publish | December 2001 | All staff | Contents 3/01, material 8/01, draft 10/01, final 12/01 |

| Divisional Objective No. 5: To produce CMO's Annual Report | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Annual Report |
| Dependencies/Linkages - External and Internal | Internal between all CMO's office staff External with relevant experts in thematic area, and publishing company |
| How the identified dependices and linkages will be managed. | Through process of appropriate communication |
| Comments | |

Office of the Chief Medical Officer

| Divisional Objective No. 6: To implement PMDS | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To become competent in PMDS | Complete training | As scheduled | All staff | Completion of training |
| Complete Role Profile for each staff member and Business Plan | Agree role profile and work programme for all staff members | January 2001 | CMO | Submission of role profile and agreement for Business Plan |

| Divisional Objective No. 6: To implement PMDS | |
|--|--|
| Percentage of Total Divisional Time | 100% |
| Output(s)/ Services Delivered | Role Profiles and Divisional Business Plan |
| Dependencies/Linkages - External and Internal | Change Management Team, Personnel Department and Line Division within the Department |
| How the identified dependices and linkages will be managed. | Agreed communications and management processes |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|------------------------|--|
| To increase capacity of office to respond to increasing demand for high quality, thoroughly researched evidence-based advice on a widening variety of important health issues through recruitment of extra DCMO and other extra staff, as required | More thoroughly researched and greater volume of evidence-based reviews and reports on relevant topics | Ongoing | Personnel Department |
| Increase participation of staff in professional development and CME activities through attendance at national and international conferences | Greater knowledge base and consolidation of specialised expertise among CMO office staff | Ongoing | Training Division |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|--|
| Monthly review of progress identifying: (i) Achievements (ii) Impediments/constraints (iii) Need for re-formulation of plans | CMO | Document containing items as in (1) and any external communication arising from review |

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Community Health

Reporting to Deputy Secretary

Community Health

Community Health - Drugs and AIDS

Food, Medicines and Environmental Health

General Medical Services

Community Health

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Department of Health and Children

Business Plans 2001

Division name: Community Health

Division head: Dora Hennessy (PO)

Divisional objectives:

1. Providing support to the Minister and Minister of States Office in the discharge of their Ministerial functions.
2. Facilitate the putting in place measures to improve the level of Oral Health in the population overall
3. Amend the Opticians Act 1956
4. Facilitate and support the development of child health services
5. Support the health boards in relation to the development and implementation of plans for community health service capital developments under the National Development Plan
6. Plan and facilitate improved monitoring and prevention of infectious diseases
7. Ongoing development of policy and services in relation to reproductive health
8. Support development of new health strategy, business planning and PMDS processes

Community Health

Section 1

| Divisional Objective No. 1: Providing support to the Minister and Ministers of State in the discharge of their Ministerial functions | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ensuring that work associated with this objective is managed in an effective and efficient manner | Preparing replies to PQs (545 PQs processed in 2000) | On-going | All members of staff | Submission of 90% of replies to Secretary General's Office by evening before answer date |
| | Replying to Ministerial representations and general correspondence (310 Reps received in 2000) | On-going | All members of staff | Issue of response or interim response within 21 working days |
| | Preparing speeches and briefing notes for Minister and other parties including the President | On-going | All members of staff | Meeting deadlines as they arise |
| | Responding to FOI requests (48 FOI requests received in 2000) | On-going | All members of staff | Meeting statutory deadlines in all cases |
| | Preparing expenditure estimates | On-going | All members of staff | Meeting deadlines as they arise |
| | Responding to requests for information and updating material for NAPS, PPF, PAC, Womens Health Council, Cabinet Committee on Social Inclusion, Dail Committee on Health and Children, Rural Development, general public etc. | On-going | All members of staff | Meeting deadlines as they arise |
| | Participating in Service Plan process | On-going | Assistant Principals | Participating as required |
| | Attending in person meetings with the Minister | Ongoing | PO AP, CDO. | As required |
| Participating in the development of a new health strategy | Participating in the process including membership of working groups | Mid 2001 | PO & APs | As required |
| Participating in preparation of new Statement of Strategy | Participating in the process | 2,001 | PO & APs | As required |

Community Health

| Divisional Objective No. 1: Providing support to the Minister and Ministers of State in the discharge of their Ministerial functions | | | |
|--|---|--|---|
| Percentage of Total Divisional Time | 40% | | |
| Output(s)/ Services Delivered | Replies to PQs. Replies to Ministerial Reps Replies to FOI requests Replies to general correspondence and enquiries Speeches and briefing material Estimates submissions New Health Strategy completed | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td style="vertical-align: top;"> <u>Internal</u> Minister's Office Secretary General's Office Systems Unit Finance Unit MAC Legal Adviser Planning & Evaluation Unit and other divisions/units as required Change Management </td><td style="vertical-align: top;"> <u>External</u> Health Boards National Disease Surveillance Unit Dental Council Department of Social Community and Family Affairs Attorney General's Office Interest Groups Relevant Bodies </td></tr> </table> | <u>Internal</u> Minister's Office Secretary General's Office Systems Unit Finance Unit MAC Legal Adviser Planning & Evaluation Unit and other divisions/units as required Change Management | <u>External</u> Health Boards National Disease Surveillance Unit Dental Council Department of Social Community and Family Affairs Attorney General's Office Interest Groups Relevant Bodies |
| <u>Internal</u> Minister's Office Secretary General's Office Systems Unit Finance Unit MAC Legal Adviser Planning & Evaluation Unit and other divisions/units as required Change Management | <u>External</u> Health Boards National Disease Surveillance Unit Dental Council Department of Social Community and Family Affairs Attorney General's Office Interest Groups Relevant Bodies | | |
| How the identified dependencies and linkages will be managed. | <table border="0"> <tr> <td style="vertical-align: top;"> <u>Internal</u> - Office meetings on regular basis - Consultation and liaison with relevant sections as required - On-going review re:achievement of targets - MAC/PO Workshop </td><td style="vertical-align: top;"> <u>External</u> - Consultation and liaison (formal and informal) - Review of achievement of objectives - Advisory/expert groups </td></tr> </table> | <u>Internal</u> - Office meetings on regular basis - Consultation and liaison with relevant sections as required - On-going review re:achievement of targets - MAC/PO Workshop | <u>External</u> - Consultation and liaison (formal and informal) - Review of achievement of objectives - Advisory/expert groups |
| <u>Internal</u> - Office meetings on regular basis - Consultation and liaison with relevant sections as required - On-going review re:achievement of targets - MAC/PO Workshop | <u>External</u> - Consultation and liaison (formal and informal) - Review of achievement of objectives - Advisory/expert groups | | |
| Comments | The nature of the work is such that issues arise from time to time (e.g. new commitments, unexpected problems) which affect and place strains on the ability of the section to achieve targets. Such issues may generate a substantial increase in the workload and develop into work that is of a more permanent rather than short-term nature. In such instances staffing levels will need to be reviewed and, if necessary, adjusted to reflect the increased workload or alternatively be business plan will require to be adjusted. | | |

Community Health

Section 1

| Divisional Objective No. 2: Put in place measures to facilitate improvements in the level of Oral Health in the population overall Facilitate the regionalisation of the National Audiology Service (formerly operated by NRB) | | | | |
|---|---|------------------------|------------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Oversee health boards action plan to reduce orthodontic treatment waiting lists | Monitor and facilitate the implementation of the Orthodontic initiative | Ongoing through 2001 | L McCormack | Get regular reports from the health boards on the implementation of the initiative and address any issues with the boards |
| | Finalise the revision of the orthodontic guidelines | March 2001 | L McCormack/ G Gavin | Agree revisions with the health boards and issue |
| | Creation of grade of Specialist in Orthodontics | March 2001 | L McCormack/ G Gavin | Agree salary and conditions with IDA and obtain sanction from Dept of Finance |
| | Appointment of Director of Specialist Training in Dentistry | End 2001 | L McCormack/ G Gavin | Agree job specification with the PGMDB |
| | Create new Orthodontic Auxilliary Worker | Ongoing through 2001 | L McCormack/ G Gavin | Agree target date for completion and submission of report with Dental Council |
| Evaluate the national oral health services. | Evaluate and direct the Epidemiology & Health Services Research Contract Lots 1-9 | Ongoing through 2001+ | G Gavin M Shannon LMcCormack | Establish framework for evaluation by Sept 2001 |
| Servicing of Fluoridation Forum | Provide secretariat and administrative support | Sept 2001 | NODoherty | Assignment of dedicated secretariat to meet the requirements of the Forum and to ensure timely final report. |
| | Participate in Fluoridation Forum | Sept 2001 | D Hennessy G Gavin M Shannon | Attending Forum meetings and contributing as required |
| Monitor Implementation of the Health Fluoridation Act 1960 | Scheduling of supplies to be regulated Make new regulations | Ongoing through 2001 | LMcCormack G Gavin M Shannon | Agree situation with health boards & draft Regulations by year end |

Community Health

| Divisional Objective No. 2: Put in place measures to facilitate improvements in the level of Oral Health in the population overall Facilitate the regionalisation of the National Audiology Service (formerly operated by NRB) | | | | |
|---|--|---|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Promotion of oral health of people with disabilities | Facilitate appointment of Consultant in Restorative Dentistry St James's Hospital Facilitate appointment of Professor of Special Needs TCD | March 2001 End 2001 | G Gavin L McCormack G Gavin L McCormack | Approve job description and qualifications of post by March 2001 Agree funding required for 2002 Estimates by mid 2001 |
| Facilitate the implementation of the key recommendations of report on Oral & Maxillofacial surgery services in EHB | Participate in the planning process of Oral Surgery Day Care Unit at St James (National Oral Surgery Unit) | Ongoing | LMcCormack G Gavin | Agree cost. Progress planning process. Approve appointment of design team by March 2001 |
| Facilitate implementation of outstanding provisions of Dental Health Action Plan | Facilitate the appointment of additional dental teams to ERHA for provision of Services to 14-16 age group in 2002 Agree conditions of posts & job descriptions under Restructuring of Health Board Dental Services | End 2001 June 2001 | L McCormack M Shannon/ LMcCormack | Submit Funding requirements in Estimates by mid year Work with HSEA to resolve outstanding issues |
| Address outstanding issues relating to DTSS | Agree post of Examining Dentist Introduce new Forms Create Model for unification of TBS and DTSS | Mar 2001 Mar 2001 Ongoing through 2001+ | LMcCormack G Gavin M Shannon M Shannon | Secure agreement with IDA Draft document on unification by Sept 2001 |
| Work with the ERHA and the health boards to regionalise the Audiology Service. | Attend meetings of National Advisory Group Evaluate proposals to develop the service from the National Advisory Group Evaluate budgetary requirements | Ongoing through 2001 | LMcCormack | Meet deadlines as required Funding sought in estimates mid-2001 |

Community Health

| Divisional Objective No. 2: Improve the level of Oral Health in the population overall Work towards the regionalisation of the National Audiology Service (formerly operated by NRB) | |
|---|--|
| Percentage of Total Divisional Time | 24% |
| Output(s)/ Services Delivered | Orthodontic initiative in place Fluoride Forum report received Fluoridation regulations drafted Senior Dental Surgeon competition held Examining Dentists appointed New forms introduced Agreement reached in the post of Specialist Orthodontist |
| Dependencies/Linkages - External and Internal | <p>External linkages are with the health boards, the HSEA, staff associations, Dental Council, Dental Schools, Post Grad Medical & Dental Board, Irish Committee for Specialist Training in Dentistry, Dental Health Foundation, GMS, National Audiological Advisory Group, Dept. Social Community & Family Affairs, GMS(P)Board.</p> <p>Internal Linkages - Minister's Office, Secretary General's Office, Finance Unit, Legal Adviser, Personnel Unit, HPO, Planning & Evaluation Unit, Secondary Care, Health Promotion Unit, GMS Division and other divisions/units as required</p> <p>Health boards must respond within a reasonable period of time and with full and reliable information. The creation of both the specialist orthodontic grade, New Forms and Examining Dentist remain contingent on progress at the HSEA.</p> <p>The delivery of all services is contingent on the capacity to recruit personnel e.g. dentists, dental nurses..</p> |
| How the identified dependencies and linkages will be managed. | Written, verbal and meetings. |
| Comments | <p>The delivery of orthodontic and other dental services may be constrained by an adverse IR environment. Delivery of objectives involving external representative associations e.g. IDA are contingent on a successful outcome to negotiations.</p> <p>There is a sustained high volume of sometimes complex Parliamentary Questions on orthodontics and fluoridation as a result of campaigns by interest groups which may hinder on ability to meet objectives.</p> <p>The comments in objective 1 also apply.</p> <p>.</p> |

Community Health

| Divisional Objective No. 3: Amend the Opticians Act 1956 | | | | |
|--|---|-------------------------------|-----------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Introduction of necessary amending legislation to amend Opticians Act 1956 | Liase with Parliamentary Draftsman's Office on drafting of Bill | June 2001 | D Hennessy E Duffy/ K Prole | Draft and submit Memo to Government by June 2001 |
| | Processing of Bill through Dail/Seanad | End of 2001 | D Hennessy E Duffy/ K Prole | Achieving specific actions by target date as agreed with the Parliamentary Draftsmans Office and the Bills Office. |

Community Health

| Divisional Objective No. 3: Amend Opticians Act 1956 | | | | | |
|---|--|------------------------|------------------------|---|--|
| Percentage of Total Divisional Time | 4% | | | | |
| Output(s)/ Services Delivered | Act amended | | | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td style="vertical-align: top;"><u>External</u></td><td style="vertical-align: top;"><u>Internal</u></td></tr> <tr> <td>Parliamentary Draftsman Bills Office Opticians Board Irish College of Ophthalmology Association of Optometrists</td><td>Legal Adviser Minister's Office Medical Division Disability Section and other sections as required</td></tr> </table> | <u>External</u> | <u>Internal</u> | Parliamentary Draftsman Bills Office Opticians Board Irish College of Ophthalmology Association of Optometrists | Legal Adviser Minister's Office Medical Division Disability Section and other sections as required |
| <u>External</u> | <u>Internal</u> | | | | |
| Parliamentary Draftsman Bills Office Opticians Board Irish College of Ophthalmology Association of Optometrists | Legal Adviser Minister's Office Medical Division Disability Section and other sections as required | | | | |
| How the identified dependencies and linkages will be managed. | <table border="0"> <tr> <td style="vertical-align: top;"><u>External</u></td><td style="vertical-align: top;"><u>Internal</u></td></tr> <tr> <td>Ongoing consultation and liaison with the Opticians Board and the professional interests</td><td>Office meetings Consultation and advisory meetings Formal and informal contacts</td></tr> </table> | <u>External</u> | <u>Internal</u> | Ongoing consultation and liaison with the Opticians Board and the professional interests | Office meetings Consultation and advisory meetings Formal and informal contacts |
| <u>External</u> | <u>Internal</u> | | | | |
| Ongoing consultation and liaison with the Opticians Board and the professional interests | Office meetings Consultation and advisory meetings Formal and informal contacts | | | | |
| Comments | <p>(i) Meeting deadline of June 2001 for publication of Bill is dependent on capacity of Draftsman's Office to complete drafting of Bill and no difficulties emerging.</p> <p>(ii) Meeting deadline of End 2001 for enactment of legislation is dependent on Dail procedure and (i) above.</p> <p>(iii) See also comments under objective 1.</p> | | | | |

Community Health

| Divisional Objective No. 4: Facilitate and support development of child health services | | | | |
|--|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Support implementation of recommendations of 'Best Health for Children' | Liaison and support as necessary with individual health boards and with the National Conjoint Child Health Committee | Ongoing | E Brady | Agree issues with the health boards and seek funding in the Estimates process by mid-year |

| Divisional Objective No. 4: Enhancement of child health services | |
|---|---|
| Percentage of Total Divisional Time | 4% |
| Output(s)/ Services Delivered | Progress in relation to implementation of recommendations of the 'Best Health for Children' report. |
| Dependencies/Linkages - External and Internal | <p>External - National Conjoint Child Health Committee - health boards</p> <p>Internal - Medical Division, and other divisions as appropriate</p> |
| How the identified dependencies and linkages will be managed. | <p>External - ongoing consultation and liaison</p> <p>Internal - office meetings - formal and informal contact</p> |
| Comments | See comments at objective 1. |

Community Health

| Divisional Objective No. 5: Support the health boards in relation to the development and implementation of plans for community health service capital developments under the National Development Plan | | | | |
|---|---|---------------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Identify extent to which each board's NDP plan will be advanced in 2001 | <ul style="list-style-type: none"> - consultation/meetings with boards and liaison with HPO - reaching of agreement with boards in relation to projects which might be advanced in 2001 | March 2001 End March 2001 | E Brady | Completion of series of meetings in March 2001 |
| Monitor progress made by boards in implementing agreed plans | <ul style="list-style-type: none"> - participation in fora in Dept. in relation to monitoring progress of NDP - ongoing liaison with health boards - regular progress reports | as required monthly monitoring | E Brady | Agreement on NDP plans by end of March 2001 |

Community Health

| Divisional Objective No. 5: Enhancement of community health services through a programme of development of new and upgrading of existing community health service infrastructure under the National Development Plan | |
|---|--|
| Percentage of Total Divisional Time | 4% |
| Output(s)/ Services Delivered | Provision of new and refurbishment of community health centres |
| Dependencies/Linkages - External and Internal | <p>External - health boards - Dept of Finance - NDP Agencies Group</p> <p>Internal - NDP Funding Group - Hospital Planning Office - Other service Divisions where projects provide a range of services for different care groups</p> |
| How the identified dependencies and linkages will be managed. | <p>External - ongoing liaison with and progress reports from health boards</p> <p>Internal - consultation and meetings with relevant sections, as necessary - ongoing review of achievement of objectives - regular office meetings</p> |
| Comments | <p>It is likely that the momentum generated in year 1 of the NDP in terms of the planning and development of community health projects will give rise to additional work in 2001 as new projects come on stream. Accordingly, there will be a need to review the ability of the Division to meet the objectives from within the existing staff complement.</p> <p>See also comments under objective 1.</p> |

Community Health

| Divisional Objective No. 6: Plan and facilitate improved monitoring and prevention of infectious diseases | | | | |
|--|--|-------------------------------|----------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Facilitate improvement in Primary Childhood Immunisation Programme and other immunisation | With health boards, address management, co-ordination, implementation, best practice issues, awareness and promotion | Ongoing through 2001 | Dora Hennessy/ Eilish Timoney | Participation in the Health Board group on immunisation. Strategies to address issues developed. Work with the Health Boards and Office for Health Gain on further awareness campaign. |
| | Ensure continued implementation of meningococcal C programme, including Phase 2 | Spring 2001 | Dora Hennessy/ Eilish Timoney | Phase 2 commenced by Spring which will also address any unimmunised groups from Phase 1 |
| | Address issues arising in relation to public confidence in vaccines and immunisation | Ongoing through 2001 | Dora Hennessy/ Eilish Timoney | Concerns addressed as they arise |
| | Co-operate with Oireachtas Committee on Health and Children and address issues raised | Through 2001 | Dora Hennessy/ Eilish Timoney | Issues addressed as necessary |
| | Address the IMO claim re: PCIP and boosters programme | 2,001 | Dora Hennessy/ Eilish Timoney | Participation in negotiations between the HSEA & IMO to resolve the issue |
| Continue development of National Disease Surveillance Centre | Facilitate project on Computerised Infectious Disease Reporting (CIDR) | Ongoing through 2001 | Dora Hennessy/ Eilish Timoney | Agree with Systems and NDSC the funding implications and pilot sites identified. |
| | Address issue of accommodation of NDSC to allow further development and recruitment | Spring 2001 | Dora Hennessy/ Eilish Timoney | Suitable accommodation secured |
| Assess NDSC recommendations regarding Infectious Diseases Regulations and consider appropriate follow-up | Examine recommendations of NDSC when received | End of 2001 | Eilish Timoney | NDSC report assessed in conjunction with Medical Division and other divisions as necessary. Regulations drafted by end of 2001 |
| Ensure health screening for asylum seekers is maintained | Liaise as necessary with ERHA, other health boards and public health experts | Through 2001 | Eilish Timoney | Screening uptake maintained and, if possible, improved |

Community Health

| Divisional Objective No. 6: Plan and facilitate improved monitoring and prevention of infectious diseases | | | | |
|--|---|-------------------------------|-------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ensure completion of draft national influenza pandemic plan | Facilitate work of National Influenza Committee | Sept. 2001 | Eilish Timoney | Plan completed and received by end of Sept. 2001 |
| Implement strategies to address antimicrobial resistance | Agree proposals with health boards, NDSC and other appropriate agencies | April 2001 | Dora Hennessy /Eilish Timoney | Proposals agreed and funding approved by April 2001 |
| | Address implementation of other elements of strategy | Through 2001 | Eilish Timoney | Agree measures with agencies and seek funding in 2002 Estimates |

Community Health

| | |
|--|---|
| Divisional Objective No. 6: Plan and facilitate improved monitoring and prevention of infectious diseases | |
| Percentage of Total Divisional Time | 18% |
| Output(s)/ Services Delivered | Revised Infectious Diseases Regulations; National Influenza Pandemic Plan; Strategies to address immunisation issue developed |
| Dependencies/Linkages - External and Internal | <p>Internal Minister's Office, Secretary General's Office, Medical Division, Press Office, GMS Division, Medicines Unit, Food Unit, Systems Unit, Finance Unit, Secondary Care, Legal Adviser, International Section, Freedom of Information Unit, Intellectual Disability Section.</p> <p>External Health Boards, HSEA, NDSC, Office for Health Gain, Irish Medicines Board, Oireachtas Committee on Health and Children, ICGP, VRL and external experts</p> |
| How the identified dependices and linkages will be managed. | <p>Internal Ongoing formal and informal contact and meetings as necessary. Review of achievement of objectives and of factors or issues which need to be addressed.</p> <p>External Ongoing formal and informal contact and meetings as necessary. Review of achievement of objectives and of factors or issues which need to be addressed.</p> |
| Comments | <p>See comments under Objective 1.</p> <p>The continued availability of expert medical advice on immunisation and infectious disease issues is crucial to dealing with many of the elements of Objective Number 6.</p> |

Community Health

| Divisional Objective No. 7: Ongoing development of policy and services in relation to reproductive health | | | | |
|--|---|----------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Support work of Cabinet Committee on abortion issue | As directed by Committee | As directed by Cabinet Committee | Fergal Goodman | Targets set by Cabinet Committee achieved |
| Review with health boards family planning, contraception and pregnancy counselling services | Meet with health boards to review past developments and inform future policy development | End of 2001 | Fergal Goodman | Meetings with health boards concluded by end of May. |
| Ensure effective running of "Think Twice" public awareness campaign | Work with HPU and PR company on an ongoing basis | September 2001 (first phase) | Fergal Goodman | Elements of campaign agreed and implemented |
| Support implementation of Phase 1 of the National Cervical Screening Programme | <ul style="list-style-type: none"> - provide assistance, as required, to the Project Team in the MWHB - participate in the <ol style="list-style-type: none"> 1) Steering Group for Phase 1 2) Expert Advisory Group on Cervical Screening | ongoing | E Brady | Issues requiring Dept's attention dealt with in a timely manner |
| Commence the planning of the extension of the programme to the rest of the country | <ul style="list-style-type: none"> - input into deliberations on the proposed structure to manage the national programme - when established, to support the new structure in the discharge of its functions | End June 2001 | E Brady/ D Hennessy | Any necessary input/support provided Establishment of Health Board Executive |
| Support work of Commission on Assisted Human Reproduction | Participate in work of Commission and facilitate its servicing by the Dept. | Ongoing | D Hennessy/ E Brady | Commission enabled to progress work on issues encompassed by terms of reference Accommodation and secretariat secured for the Commission |

Community Health

| Divisional Objective No. 7: Ongoing development of policy and services in relation to reproductive health | |
|--|--|
| Percentage of Total Divisional Time | 6% |
| Output(s)/ Services Delivered | <p>Health board plans for further development of family planning and pregnancy counselling services;</p> <p>PR campaign on unwanted pregnancies and STIs.</p> <p>Successful implementation of Phase 1 of the National Cervical Screening Programme</p> |
| Dependencies/Linkages - External and Internal | <p>Internal Minister's Office, Secretary General's Office, Press Office, Medical Division, Medicines Unit, Legal Adviser, FOI Unit</p> <p>External Health Boards, Irish Medicines Board, Office of Attorney General, Department of the Taoiseach, Expert Group on Cervical Screening, National Steering Group on Cervical Screening, Commission on Assisted Reproduction</p> |
| How the identified dependices and linkages will be managed. | <p>Internal Ongoing formal and informal contact and meetings as necessary. Review of achievement of objectives and of factors or issues which need to be addressed.</p> <p>External Ongoing formal and informal contact and meetings as necessary. Review of achievement of objectives and of factors or issues which need to be addressed.</p> |
| Comments | See comments under Objective 1. |

Community Health

| Divisional Objective No. 8: Support development of new health strategy, business planning and PMDS processes | | | | |
|---|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Participate in development of new Health Strategy | Take part in consultation and preparation of proposals as required | Mid-2001 | D Hennessy and APs | Involvement as required |
| Support Business Planning Process | Ensure that 2001 business plan is prepared | February 2001 | D Hennessy and APs | Plan completed by the target date |
| | Ensure that 2001 business plan is reviewed monthly at division level and quarterly with Deputy Secretary | Through 2001 | T Mooney, D Hennessy and APs | Formal reviews held as per plan |
| | Prepare 2002 Business Plan | End of 2001 | D Hennessy and APs | Plan prepared by end of 2001 |
| Implement PMDS in Division | All staff to undergo PMDS training | | All staff | PMDS introduced and implemented |
| | Drawing up of personal role profiles | March 2001 | Staff covered by PMDS | Profiles prepared and agreed |
| | Annual performance and development review for staff | End of 2001 | Staff covered by PMDS | Reviews conducted |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|------------------------|--|
| Formal induction training for new staff | Attendance at course | 2001 | Training Unit |
| Implementation of PMDS | PMDS implemented | Throughout 2001 | All staff |
| Develop advice to assist staff in dealing with inquiries more appropriate to other agencies | Written guidelines on referral of callers where appropriate | March 2001 | APs |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---|---|
| Regular contact with Deputy Secretary and formal review meetings every three months | Dora Hennessy | Action points on implementation of plan |
| Monthly meetings at division level | Dora Hennessy Eilish Timoney Eileen Duffy Emer Brady Fergal Goodman Liam McCormack | Identification of issues arising and actions required to address them |
| Quarterly progress reports on successes or difficulties | Dora Hennessy | Identification of issues and actions required to address them |

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Department of Health and Children

Business Plans 2001

Division name: Community Health, Drugs and AIDS

Division head: Jimmy Duggan

Divisional objectives:

1. To develop and oversee the implementation of a comprehensive strategy aimed at reducing the demand for drugs
2. To facilitate and monitor the implementation of a comprehensive HIV/AIDS Strategy
3. Support the Minister and Ministers of State in carrying out their functions
4. Contribute to the development of a new National Health Strategy, implement the PMDS in the Division. and monitor and implement the Business Plan

Section 1

| Divisional Objective No. 1 To develop and oversee the implementation of a comprehensive strategy aimed at reducing the demand for drugs | | | | |
|--|---|-------------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Develop and oversee the implementation of a comprehensive programme for the treatment of drug misuse | Continue to fund and monitor the expansion of drug treatment facilities, especially in the ERHA | Dec, 2001 | Jimmy Duggan Mary Jackson Louise Kenny | Agree specific details for implementation of ERHA service plan by the end of March 2001 |
| | Continue involvement with the methadone implementation committee | Ongoing | | Details of operation of evaluation of methadone protocol finalised by May 2001 |
| | Regularly liaise and communicate with Regional Drug Co-ordinators | Ongoing | | First round of meetings held by March 2001 |
| | Oversee the development and evaluation of pilot projects, e.g pilot needle exchange project; establishment of residential facilities for adolescents in SHB | Sept, 2001 June, 2001 | | Formal meetings with IPU and health boards held by April 2001 |

Community Health - Drugs and AIDS

| Divisional Objective No. 1 To develop and oversee the implementation of a comprehensive strategy aimed at reducing the demand for drugs | | | | |
|--|--|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Develop and implement an effective system for regulation of controlled drugs under the Misuse of Drugs Acts | Assessment of current work carried out in drugs licensing section. (by an IMB assessor) | September 2001 | Jimmy Duggan Tom McGuinn | Draft Memo by May 2001 IMB assessment complete by August 2001 |
| | Transfer executive functions for the issuing of licences to the IMB | Dec, 2001 | Jimmy Duggan Mary Jackson | Heads of Bill by October 2001 |
| | Secretariat to the multidisciplinary Benzodiazepine Committee Compile and circulate report of the Benzodiazepine Committee | July 2001 | Mary Jackson Louise Kenny Tom McGuinn Noreen Quinn | Report Drafted by end of June 2001 |
| | Draw up regulations bringing additional substances under control under the Misuse of Drugs Acts | June, 2001 | Jimmy Duggan Tom McGuinn Noreen Quinn Mary Jackson | Draft regulations by end of April 2001 |
| | Development and installation of database for import/export licences | December 2001 | Noreen Quinn Dave Walsh | Meet with systems unit and arrange link with INCB by May 2001 |
| | Monitor the prescribing practices of gps | Ongoing | Jimmy Duggan Mary Jackson Tom McGuinn | Appropriate action taken where necessary |
| | Review provisions of Misuse of Drugs acts relating to prescribing and dispensing of controlled drugs in the context of the review of the Medical Practitioners Act | Ongoing in 2001 | Jimmy Duggan Mary Jackson | Decision by December 2001 on how the prescribing of controlled drugs should be monitored |
| Contribute to development and implementation of National Drugs Strategy | Chair National Drugs Strategy Team | ongoing | Jimmy Duggan | Continued involvement of community and voluntary sector in overall process |
| | Assist Department of Tourism, Sport and Recreation in implementation of recommendations contained in the Review of National Drugs Strategy | Ongoing | Jimmy Duggan | Views to Department of Tourism, Sport and Recreation by end January |

Community Health - Drugs and AIDS

| Divisional Objective No. 1 To develop and oversee the implementation of a comprehensive strategy aimed at reducing the demand for drugs | | | | |
|--|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Contribute to development of a drugs database capability | Work with the health boards on the establishment of databases and link in with the National Health Information Strategy | Dec 2001 | Mary Jackson Louise Kenny | Meet health boards by April 2001. Decision on tender by August 2001 |
| | Participate on the Management Committee of the EMCDDA. | Ongoing | Jimmy Duggan | Attend meetings in Lisbon on given dates |
| | Support Mr Mooney in his role as chairperson of the Permanent Representatives of the Pompidou Group of the Council of Europe | Ongoing | Jimmy Duggan | Review Agenda before each meeting |
| Liaise with the National Advisory Committee on Drugs | Participate in the work of the Committee and sub-committees | Ongoing | Jimmy Duggan | Attend meetings and report on activities |
| Participate in review of Prison Healthcare Services | Represent Department on Prison Healthcare Review Group and Co-ordinate Department's response | June 2001 | Jimmy Duggan | Attendance at meetings & DOHC comments provided on draft report by May 2001 |
| Assist the Health Promotion Unit in the development of prevention and education strategies and programmes | Meet with HPU and input to strategy development. Liaise with drug co-ordinators and drug education officers | ongoing | Mary Jackson Louise Kenny | Meetings by end of May 2001 |

Community Health - Drugs and AIDS

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|--|---|
| Divisional Objective No. 1 To develop and oversee the implementation of a comprehensive strategy aimed at reducing the demand for drugs | |
| Percentage of Total Divisional Time | 45% |
| Output(s)/ Services Delivered | <p>Additional treatment and rehabilitation facilities in place/more Gps and pharmacists involved at community level. Minimisation of waiting times for treatment.</p> <p>Drug misuse database system developed</p> <p>Memorandum to Government and Regulations signed adding a range of substances to the Schedules of the Misuse of Drugs Acts</p> <p>Production of licences and letters of no objection. Quarterly and annual reports to INCB. Assessment of work of Drug Licensing Section completed.</p> <p>Report produced by Benzodiazepine Committee and work begun on implementation of recommendations made.</p> |
| Dependencies/Linkages - External and Internal | <p>Internal: HPU (development of education/prevention policy). Childcare, Secondary Care, Medicines Division, Chief Pharmacist, Legal Adviser (Transfer of functions to IMB and additions to Misuse of Drugs Acts Schedules), CMO, GMS Division, Mental Health Division (role of GPs/psychiatrists in prescribing of controlled drugs and policy re dispensing benzodiazepines), Systems Unit (external).</p> <p>External: Other Government Departments and Health Boards, Health Research Board, voluntary and community Groups, European Commission, Council of Europe, INCB</p> |
| How the identified dependices and linkages will be managed. | <p>Close links will be maintained with other relevant personnel in the DOHC through regular communication and meetings.</p> <p>Weekly meetings of the National Drugs Strategy Team and associated groups and sub-committees.</p> <p>Meetings with health board representatives and Regional Drugs Co-ordinators (every few months) and Methadone Implementation Committee (every 3 months) and Early Warning System on New Synthetic Drugs (every few months). Meetings with multidisciplinary Committees (every month on development of Benzodiazepine policy). Ongoing communication with HRB which publishes an information bulletin (Drugnet Ireland)</p> |
| Comments | |

Community Health - Drugs and AIDS

| Divisional Objective No. 2 To facilitate and monitor the implementation of a comprehensive HIV/AIDS Strategy | | | | |
|---|--|--|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Implementation of National AIDS Strategy | Monitor implementation of NASC recommendations. Continue to support surveillance and care and management sub-committees | Regular meetings of NASC and sub-commitees | Jimmy Duggan Mary Jackson Louise Kenny | At least three meetings of NASC by end of year and a similar minimum number of meetings of sub-committees |
| | Finalise and circulate "Ethical Guidelines for Professionals working with HIV/AIDS" | April 2001 | Mary Jackson Louise Kenny | approval of NASC to publish draft Report by April 2001 |
| Assistance to health agencies in the provision of appropriate treatment and care services for people with HIVand other STIs | Continue support for health boards on the development of strategies for groups engaged in risk activities | Ongoing | Jimmy Duggan Mary Jackson Louise Kenny | 1st round of meetings with health boards by March 2001 |
| | Work with health agencies (through Care and Management Sub-Committee) to ensure the provision of appropriate services for people with HIV/AIDS and STIs. | Ongoing | Mary Jackson Louise Kenny | Commence work on development of good practice guidelines by May 2001 |
| | Continued Monitoring and Evaluation of the Routine Antenatal testing for HIV programme in conjunction with the NDSC | ongoing | Mary Jackson Louise Kenny | Formal meetings with NDSC and Committee by September 2001 |
| | Assess the role of counselling in the management of HIV/AIDS | June, 2001 | Mary Jackson Louise Kenny | Arrangements for workshop finalised by April 2001 |
| Transfer of HIV database to NDSC and development of case based reporting | Organise regular meetings with the NDSC and the VRL to ensure smooth transfer of HIV reporting system. Reports of progress to be made to Surveillance Sub-Committee. | June 2001 | Mary Jackson Louise Kenny | Arrangements for transfer finalised by May 2001 |
| Continued support for Education and Prevention Initiatives | Assist the Health Promotion Unit and health boards in targeting programmes at high risk groups such as homosexuals and drug users | ongoing | Mary Jackson Louise Kenny | Specific interventions run which target most at risk groups. |

Community Health - Drugs and AIDS

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|---|--|
| Divisional Objective No. 2 To facilitate and monitor the implementation of a comprehensive HIV/AIDS Strategy | |
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | <p>Implementation of NASC Report Recommendations</p> <p>Publication of Ethical Guidelines for Professional Working with HIV/AIDS</p> <p>Development of guidelines for evaluating and monitoring the uptake of HIV antenatal testing</p> <p>Transfer of HIV surveillance to the National Disease Surveillance Centre</p> <p>Establishment of antenatal HIV testing monitoring system in NDSC</p> |
| Dependencies/Linkages - External and Internal | <p>Internal: HPU, Secondary Care, Community Health, CMO's office, Information Management Unit and International Unit (ensuring that appropriate policies are in place for education/prevention, care and management and surveillance of HIV/AIDS and Sexually Transmitted Infections)</p> <p>External: Other Government Departments (Education and Science and Justice, Equality and Law Reform), Health Boards and voluntary and community groups, Virus Reference Laboratory (surveillance)</p> <p>National Disease Surveillance Centre (transfer of surveillance system); European Commission and UNAIDS (International policy)</p> |
| How the identified dependices and linkages will be managed. | <p>Provide secretariat to NASC and Care and Management and Surveillance Sub-Committees, Regional AIDS Co-ordinators and sub-group dealing with HIV case based reporting.</p> <p>Ongoing communication with HPU re education /prevention policy</p> <p>Chair meetings of Antenatal HIV Testing Monitoring Group and transfer monitoring function to NDSC</p> |
| Comments | |

| Divisional Objective No. 3 Support the Minister and Ministers of State in carrying out their functions. | | | | |
|--|--|-------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Liaise with the offices of the Minister and Minister of State on work required | Answer PQ's and representations. Prepare briefing material when necessary. Prepare speeches. Answer press queries. Attend meetings with Minister(s) when necessary | ongoing | Jimmy Duggan Mary Jackson Louise Kenny | Timely turnaround of both pq and representation replies |
| | Support for Minister Moffat in his role as Chair of the NASC | ongoing | | Timely preparation of advice and briefing for the Minister of State |
| | Monthly updates for Senior Officials Groups for Cabinet Sub Committee on Social Inclusion | ongoing | Jimmy Duggan | Briefing prepared each month noting new developments and actions pending |
| | Reporting on National Anti-Poverty Strategy, PPF BIC etc | ongoing | | Monthly briefing and attendance at meetings as required. |

Community Health - Drugs and AIDS

| Divisional Objective No. 3 Support the Minister and Ministers of State in carrying out their functions | |
|---|--|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Speeches, Ministerial Representations, Briefing material, Secretariat to Dr Moffat, Chair of National AIDS Strategy Committee, |
| Dependencies/Linkages - External and Internal | Internal: Minister's Offices, HPU, Mental Health, Childcare, Community Health Division, Planning and Evaluation, International External: Health Boards, other Government Departments especially Department of the Taoiseach, JELR, TSR, HRB and other relevant agencies |
| How the identified dependices and linkages will be managed. | Regular communication with relevant agency as need arises. |
| Comments | |

Community Health - Drugs and AIDS

| Divisional Objective No. 4 Contribute to the development of a new National Health Strategy, implement the PMDS in the Division and monitor and implement the Business Plan | | | | |
|---|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Assist in Compilation of relevant sections of National Health Strategy | Review targets and objectives for drugs and HIV/AIDS strategies | | Jimmy Duggan | Deliver material to project team as required and in time |
| | Formulate targets, objectives and performance indicators in the context of overall aims and objectives of the National Health Strategy | | | |
| | Consultation with key Departments and agencies which play a significant role in drug demand reduction. | | | |
| | Assist Departmental working group on finalising relevant sections of new health strategy document | Mid-Year | Jimmy Duggan | Sections of Strategy relevant to Drugs/HIV/AIDS and STIs completed. |
| | Input into the Departmental Strategy Statement | Mid -year | Jimmy Duggan | Provide material as required and in time |
| Implement PMDS | Agree role profile forms for staff | Mid-year | Jimmy Duggan | All staff involved in PMDS system |
| | Monitor staff performance at agreed intervals | Ongoing | Mary Jackson | |
| | Complete performance reviews | Dec. 2001 | Louise Kenny Dave Walsh | regular meetings to assess progress |
| Devise and Implement Business Plan | Regular monitoring of progress on achievement of objective | Dec. 2001 | Jimmy Duggan | Section meetings and reports on progress made to Mr Mooney |
| | Mid-Year Review | June 2001 | | |

Community Health - Drugs and AIDS

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|--|---|
| Divisional Objective No. 4 Contribute to the Development of a New National Health Strategy, implement the PMDS in the Division and monitor and implement the Service Plan | |
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <p>Agreement with partners that play a significant role in drug demand reduction on targets set and aims and objectives of relevant sections of new National Health Strategy</p> <p>Relevant sections of report produced.</p> |
| Dependencies/Linkages - External and Internal | <p>Links with HPU, Mental Health and Secondary Care and International Unit in particular. Also, in relation to drug misuse, co-operation with the Department of Tourism Sport and Recreation, Justice Equality and Law Reform and Education and Science.</p> <p>The Drug Misuse Research Division may be able to provide useful epidemiological data.</p> |
| How the identified dependencies and linkages will be managed. | <p>Consultation with health boards and other relevant Departments and agencies.</p> |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|---|--|
| <p>Arising from the commencement of Performance Measurement Development System identify staff training needs</p> <p>Ensure that staff are familiar with Principles of Quality Customer Service and that these principles are acted upon</p> | Staff enrolled on, or have completed relevant training courses | <p>At an as early as possible date</p> <p>December 2001</p> | All staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|---|
| Quarterly meetings with Assistant Secretary | Jimmy Duggan | Progress Reports on the achievement of Divisional objectives and amendments made to plan where appropriate. |
| Monthly (or more frequent) meetings with all staff | Jimmy Duggan | |
| Involvement and communication with other P.O.s as necessary | Jimmy Duggan | |

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Department of Health and Children

Business Plans 2001

Division name: Food, Medicines and Environmental Health

Division head: Noel P Usher

Divisional objectives:

1. To support the Minister and Minister of State in the discharge of all Ministerial functions.
2. To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to food safety.
3. To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons.
4. To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public from those environmental factors, particularly tobacco, which can adversely affect human health and to promote an awareness of those factors among statutory and non-statutory bodies and the general public.
5. To participate in and contribute to the business planning process in the Department, the formulation of the new Health Strategy and the roll-out of the Performance Management and Development Programme in the Department.

Section 1

| Divisional Objective No. 1 To support the Minister and Minister of State in the discharge of all Ministerial functions. | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To support the Minister and Minister of State in the discharge of all Ministerial functions - other than the 'policy' work comprehended by the other Divisional objectives. | <ul style="list-style-type: none"> - Pqs - Adjournment debates - Private Members Business - Representations - Briefing material - Speeches - Meetings with Ministers | As they arise | Entire Team | Provision of quality material and advice while adhering to appropriate deadlines. |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 1 To support the Minister and Minister of State in the discharge of all Ministerial functions. | |
|--|--|
| Percentage of Total Divisional Time | <p>25%</p> <p>In 2000, the Divisions dealt with approximately 200 PQs, 12 Adjournment Debates, 1 Private Members Motion, 2 special Question and Answer sessions, several hundred representations and approximately 500 FOI requests (most related to St. John's Wort).</p> |
| Output(s)/ Services Delivered | All material and advice provided to high standard and within timeframes. |
| Dependencies/Linkages - External and Internal | Food Safety Authority of Ireland, Food Safety Promotion Board, Irish Medicines Board, Institute of Public Health, Office of Tobacco Control, Health Boards, Department of Agriculture, Food and Rural Development, Poisons Council, and Attorney General's Office - together with various other Divisions in Department. |
| How the identified dependencies and linkages will be managed. | Ensure that all of the agencies under the Division's remit and the health boards submit appropriate annual business plans which will be consistent with national policies and priorities. This will facilitate regular structured meetings with these agencies. The other linkages will be managed by progress meetings and ad-hoc contacts when required. |
| Comments | <p>None of the specific actions or outputs is discretionary. Almost everything else must be subordinated to these actions and the deadlines involved would usually be a few days if not hours. If the volume of activity in this area increases, dealing with the consequences is very often at the expense of other longer-term, more strategic work.</p> <p>All of the commitments /objectives contained in this Plan are predicated on the existing complement of staff at least being maintained. If the level of resources currently available to the Division is varied this may require an appropriate adjustment to the Division's Plan but the requirements under this objective will be met as a priority.</p> |

Division: Food, Medicines and Environmental Health

¹ Only those issues considered “live” (ie. under active EU discussion) at the present time are listed here. Other issues for which amendments to legislation are discussed on an on-going basis include natural mineral waters, food additives, flavourings and foods for particular nutritional uses (including infant formula for which there are very active lobbies to liaise with)

| Divisional Objective No. 2: To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public in relation to food safety. | | | | |
|---|---|--|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To develop policy in relation to food safety including contributing to its development at EU level | Servicing EU Standing Committee on Foodstuffs and ensuring that Ireland's concerns in relation to food safety are addressed. | 6 meetings per annum | Geraldine Kelly | Preparation of briefs and submissions to meet set deadlines |
| | <p>Briefs for various Councils, Coreper and Attache groups where food safety matters are addressed (Health, Consumer, Internal market, Agriculture)</p> <p>Formulating policy on : - food supplements - novel foods (including genetically modified food) - food fortification - food irradiation - proposal on European Food Law - European Food Authority - Hygiene of Foodstuffs</p> | <p>Health 2 p.a. Internal Market 4 p.a. Agriculture 12 p.a. Consumer 2 p.a.- Preparation for each in Coreper, Attache Groups & Friends of the Presidency - once a fortnight</p> <p>Council Working Groups on - going</p> | <p>John O' Toole</p> <p>Siobhán McEvoy</p> <p>Martin Fitzpatrick</p> <p>Maeve O'Brien</p> <p>Roisin Cahillane</p> <p>Joe McDonnell</p> <p>Geri McGrane</p> | <p>Presentation and defence of Irish position</p> <p>Feedback and satisfactory outcome of discussions insofar as this country's policies and views are concerned</p> |
| To put in place appropriate arrangements and structures for the implementation of policy in relation to food safety at national level which provides the highest level of protection for public health | To continue to oversee the development of the Food Safety Authority of Ireland (FSAI) | on-going | John O'Toole | Establishment of FSAI Consultative Council by March 2001 |
| | To transfer additional functions from the Food Unit to the FSAI | on-going | Joe Mc Donnell | Transfer of additional functions to FSAI |
| | To process appeals under the Food Hygiene Regulations in a speedy and efficient manner | on-going | Geraldine Kelly | Progress the reorganisation of the FSAI |
| | To continue to strengthen the food control function in health boards | on-going | Siobhán Mc Evoy | Process appeals within given time frames |
| | | on-going | Martin Fitzpatrick | |
| | | on-going | Maeve O'Brien | Approval of new revenue and minor |
| | | on-going | Mary Conroy | |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 2: To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public in relation to food safety. | | | | |
|---|--|--|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | To prepare estimates and allocate budgets and monitor spending for food control purposes | | Geri McGrane | capital health board developments |
| Ensuring Ireland's concerns in relation to food safety are addressed in complying with Ireland's international (non - EU) obligations in relation to food safety | Consulting with International organisations including OECD, WHO and Codex Alimentarius | on - going | John O'Toole Joe Mc Donnell | Preparation of briefs and submissions setting out Ireland's position and ensuring our concerns are addressed |
| | Involves attendance at National Codex Coordinating Committee and Codex Alimentarius Commission | on - going | | Presentation and defence of Ireland's position in development of an EU common position and presentation of EU position in international fora |
| | Briefs to WHO Executive Board and World Health Assembly | on - going | | Positive feedback from relevant international organisations and Councils |
| Legislative requirements in relation to food safety | Transposition of EU food safety legislation for which this Department is responsible. This involves :- -drafting regulations -obtaining legal advice -Revising and submitting for Minister's signature -Consultation process with all interested parties | To clear backlog by May 2001 and transpose others by due dates | John O'Toole Joe Mc Donnell Geraldine Kelly Maeve O'Brien | Backlog of transpositions to be cleared by May 2001 Enactment of new Regulations (S.I.s) within specified time limits |
| | To progress the revision of Food Hygiene Regulations | on - going | Siobhán McEvoy Martin Fitzpatrick Geri McGrane | |

Division: Food, Medicines and Environmental Health

| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
|---|--|------------------------|-----------------------|--|
| To provide advice to the Minister on the food safety aspects of CJD | To provide the Secretariat for the CJD Advisory Group | On - going | Geraldine Kelly | Ensuring that the CJD Advisory Group is efficiently facilitated in so far as food safety issues are concerned and provides advice to the Minister as appropriate |
| | To keep abreast of developments in BSE as they relate to food safety, particularly through regular contacts with the Department of Agriculture, Food and Rural Development, the FSAI, Perm. Rep. in Brussels and the EU advisory structure (Scientific Committees) | On - going | Róisín Cahillane | |
| To support the implementation of the British Irish Agreement Act, 1999 in relation to the Implementation Body, the Food Safety Promotion Board (FSPB) | To oversee the establishment and development of the FSPB and subsidiary structures | on -going | Geraldine Kelly | Establishment of Advisory Committee and permanent office location of FSPB Assist the FSPB in putting in place the appropriate corporate structure and facilitating its appropriate resourcing |
| | To liaise with the FSPB | on - going | Maeve O'Brien | |
| | To participate in on-going discussions with the Department of Health, Social Services and Public Safety, Northern Ireland and the FSPB | on - going | Siobhán McEvoy | |
| | To participate in inter-departmental meetings concerning the implementation bodies | 6 per annum | Martin Fitzpatrick | |
| | To prepare for the North South Ministerial Council in health sectoral format | 2 per annum | | |
| | To facilitate agreement between related agencies (HPU, FSAI) on their respective work programmes | on - going | | |

Division: Food, Medicines and Environmental Health

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|--|---|
| Divisional Objective No. 2: To ensure that the appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public in relation to food safety. | |
| Percentage of Total Divisional Time | 55% |
| Output (s)/Services Delivered | <p>The enactment of a number of Statutory Instruments.</p> <p>Keeping abreast and influencing developments at EU level and assisting in the development of the FSAI and FSPB and in the food safety control programmes of the health boards</p> <p>Production of comprehensive submissions setting out Ireland's position on different proposals</p> |
| Dependencies/Linkages - External and Internal | Food Safety Authority of Ireland, Food Safety Promotion Board, Legal Advisor, Office of the Attorney General, Department of Agriculture, Food and Rural Development (DAFRD), EU, Irish and international food industry, WHO and Codex Alimentarius Commission |
| How the identified dependencies and linkages will be managed. | <p>Ensure that the FSAI and the FSPB submit appropriate annual business plans which will be consistent with national policies and priorities. This will facilitate regular structured meetings. Other linkages will be managed by detailed briefings supplied when required and ad-hoc contacts as required.</p> <p>Agreement with DAFRD on regular meetings on food safety issues.</p> |
| Comments | <p>The balance of 10% of the Food Unit's time and resources is devoted to operational issues such as dealing with the practical implications of our legislative or policy initiatives, dealing with the implications of decisions of the European Commission, redirecting queries and complaints about food from the general public, dealing with FOI requests and maintaining the Food Unit filing system.</p> <p>Progress in eliminating the backlog in transpositions will depend significantly on the quality of the drafting expertise available. Also, progress in developing the FSPB will depend largely on the re-establishment of the NSMC.</p> |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 3 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons. | | | | |
|---|---|------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To develop policy in relation to medicinal products and cosmetic products , including contributing to its development at EU level. | Participate in the examination and formulation of proposals for EU Directives at Commission and Council levels. | Ongoing | Tom McGuinn Noreen Quinn Moira Griffin Maureen Ward | Putting Ireland's case at meetings in Brussels and ensuring developments are consistent with this country's public health policies. |
| | Discharge the responsibilities of the Member State within the EU Standing Committee on Medicinal Products particularly in regard to the authorisation of centrally authorised medicinal products and the adoption of Commission Directives. | Ongoing | Tom McGuinn Caroline Hurley Linda Roche | Opinions on draft product authorisations and Opinions on draft Commission Directives finalised in the required time. |
| | Provide briefing material on Ireland's negotiating position in regard to Internal Market issues relating to medicinal products and cosmetic products arising at COREPER and the Internal Market Council including briefing material for Health Attaché's and Council of Health Minister's meetings. | Ongoing | Tom McGuinn Moira Griffin Maureen Ward | Satisfactory outcome of discussions in so far as this country's policies and views are concerned. |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 3 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons. | | | | |
|---|--|------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Implement policy in the above area including the introduction of any national legislation or other measures that may be necessary - Legislation programme. | Prepare draft national Regulations to give effect to amending EU Directives on cosmetic products. | Ongoing | Tom McGuinn Noreen Quinn Maureen Ward | Transposition of Directives etc. as required. |
| | Finalise preparation of and submit Regulations to the Minister on the control of medicinal products containing Paracetamol. | 31 May, 2001 | Tom McGuinn Moir Griffin Maureen Ward Caroline Hurley | Regulations enacted. |
| | Reconstitute the Poisons Council and to enter into a process of consultation with the Council on various matters including proposals to remove the record-keeping requirements for nicotine containing medicinal products. | 30 June, 2001 | Tom McGuinn Moir Griffin Maureen Ward | Poisons Council reconstituted and amending Regulations brought into force. |
| | Update the Medicinal Products (Prescription and Control of Supply) Regulations, 1996 to 2000, to add certain substances to the list of those subject to prescription control and to make such modifications as may be necessary. | 30 June, 2001 | Tom McGuinn Noreen Quinn Moir Griffin Maureen Ward Caroline Hurley | Regulations made. |
| | Review the comments received in relation to the draft Medicinal Products (Licensing of Manufacture) (Amendment) Regulations and finalise the making of the Regulations. | 31 July, 2001 | Tom McGuinn Moir Griffin Maureen Ward | The new Regulations made. |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 3 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons. | | | | |
|---|---|-------------------------------|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | To progress further, action in relation to control on the manufacture for export to third countries of products containing mercury. | 30 Sept. 2001 | Tom McGuinn Moir Griffin Maureen Ward | Control, possibly by way of regulation, of products containing mercury. |
| | Commence a review of medicines legislation to provide more effectively for the implementation of the various EU Directives and Regulations on medicinal products including appropriate provisions relating to unlicensed medicines. | 31 Dec. 2001 | Tom McGuinn Noreen Quinn Moir Griffin Maureen Ward Caroline Hurley | Review commenced. |
| | The Irish Medicines Board Act, 1995 to be amended in connection with the transfer of additional functions to the Board. | 31 Dec. 2001 | Tom McGuinn Noreen Quinn Moir Griffin Maureen Ward Caroline Hurley | Irish Medicines Board Act amended and Regulations made. |

Division: Food, Medicines and Environmental Health

| Divisional Objective No. 3 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons. | | | | |
|---|---|------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ongoing consultation with International, National, Statutory and Representative Bodies in the development of policy in regard to medicinal products and cosmetic products. | Ongoing policy development in consultation with the Irish Medicines Board, the Irish Pharmaceutical Healthcare Association, the Pharmaceutical Society of Ireland and the Irish Cosmetics, Detergent and Allied Products Association. | Ongoing | Tom McGuinn Noreen Quinn Moirá Griffin Maureen Ward Caroline Hurley | Positive feedback from relevant parties. No gaps in policy emerging. |
| | Initiate the supervision and enforcement of the European Communities (Cosmetic Products) Regulations, 1997 to 2000 by the EHOs and continue to ensure adequate enforcement and supervision of these Regulations. | 30 June, 2001 | Tom McGuinn Noreen Quinn Moirá Griffin Maureen Ward Siobhán McEvoy (Chief EHO) | Enforcement supervision by EHOs in relation to the cosmetic products regulations. |
| Consider the viability of an interim licensing scheme for “alternative and traditional” medicinal products, including herbal medicinal products. | Examine interim report of IMB and discuss with Board | 30 April 2001 | Tom McGuinn Noreen Quinn | Interim licensing scheme for “traditional and alternative” medicinal products agreed and submitted for introduction. |
| | Final proposals received from the Irish Medicines Board in the matter. | 31 Aug 2001 | Moria Griffin Maureen Ward | |
| | Recommendation formulated by the Unit re new Scheme for submission to Minister | 30 Nov 2001 | Caroline Hurley | |

Division: Food, Medicines and Environmental Health

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| Divisional Objective No. 3 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to protect the health and safety of the public in relation to medicinal products, cosmetic products and poisons. | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | The enactment of a number of statutory instruments, the amendment of the IMB Act, keeping apace and influencing developments at EU level, ensuring progress on a number of other legislative measures and the introduction of a new interim licensing scheme for alternative medicines. |
| Dependencies/Linkages - External and Internal | Irish Medicines Board, Poisons Council, European Union, Legal Advisor, Secondary Care Division, Community Health Division, Attorney General's Office, Industry. |
| How the identified dependencies and linkages will be managed. | Ensure that the Irish Medicines Board submits an appropriate annual business plan which will be consistent with national policy and priorities. This will facilitate regular structured meetings. The other linkages will be managed by regular meetings, detailed briefings supplied when required and ad-hoc contacts as required. |
| Comments | <p>As much of the work proposed for Medicines Unit revolves around the preparation of legislation, both primary and secondary, success in meeting the relevant deadlines will depend significantly on the availability of quality legal advice and, where appropriate, drafting expertise.</p> <p>The balance of 35% of Medicines Unit's time and resources is devoted to operational issues such as dealing with the practical implications of our legislative or policy initiatives, dealing with the implications of decisions/resolutions of the European Pharmacopoeia Commission, dealing with complaints about medicines and cosmetics, dealing with enquiries from home and abroad about the regulatory requirements in relation to medicines, cosmetics and poisons, issuing free sale certificates for cosmetic products, dealing with FOI requests, and maintaining and updating medicines database.</p> |

| Divisional Objective No. 4 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public from those environmental factors, particularly tobacco, which can adversely affect human health and to promote an awareness of those factors among statutory and non-statutory bodies and the general public. | | | | |
|--|--|------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Towards A Tobacco Free Society - to begin the phased implementation of policy as stated in the above report towards achieving a tobacco free society by facilitating measures to reduce the incidence of tobacco consumption and thereby reduce mortality and morbidity from tobacco related diseases | A Miscellaneous Health Bill which, inter alia, will raise the age limit for tobacco sales to young persons to 18 years has been before both Houses of the Oireachtas during the May -December 2000 period and has not yet passed all stages and will continue during 2001. Briefings and material for Dail debates and attendance by staff are on-going. | April 2001 | G.O' Dufagh K.Devine J.Gibbs M.Guiry B. Carolan N. Murray | Provision of all necessary supports to facilitate enactment of legislation. |
| | Finalise preparation and submit to Government the Heads and General Scheme of a new Tobacco Bill. The Bill covers a wide range of measures relating to tobacco control and public health protection especially for children. | February 2001 | N. Usher G.O' Dufaigh K.Devine Siobhán McEvoy Martin Fitzpatrick | Approval by Government |
| | Draft new Tobacco Bill in close consultation with Parliamentary Counsel's Office by June 2001. | June 2001 | N. Usher G.O' Dufaigh K.Devine | Publication by the end of June 2001. |
| | Process Bill through Houses of the Oireachtas | December 2001 | Siobhán McEvoy Martin Fitzpatrick | The passing of a new Tobacco Act. This will be a key instrument in advancing the tobacco free policy |
| | Oversee implementation of Department's decision to co-sponsor Irish Masters Snooker Tournament | March 2001 | N.Usher | Successful return in terms of profile and impact of messages for HPU and OTC |
| | To assist in the development of the Office of Tobacco Control administratively set up in 2000, to fulfill its role in co-ordinating implementation of national policy on tobacco control. | December 2001 | N. Usher GO' Dufaigh | The above Act will establish the Office on a statutory basis with specified powers and functions. |

| Divisional Objective No. 4 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public from those environmental factors, particularly tobacco, which can adversely affect human health and to promote an awareness of those factors among statutory and non-statutory bodies and the general public. | | | | |
|--|---|---|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | To assist in the establishment of a Tobacco Research Centre as recommended in the report Towards a Tobacco Free Society. | December 2001 | N. Usher G.O' Dufaigh | Agreement of a business plan for the Office. Devolvement of some executive functions to the Office. Agreement on role, functions, working relationships, and location of the Centre and its establishment on an appropriate site or campus |
| | <p>The servicing and attendance at EU meetings and WHO meetings re tobacco control is also required. The WHO International Framework Convention on Tobacco has been established and Ireland will be participating in one of the working groups.</p> <p>The servicing of two EU Tobacco Directives which are at an advanced stage, the revised Advertising & Sponsorship Directive and a new Directive on Manufacture, Sale and Presentation of Tobacco Products which is at agreed common position stage.</p> <p>An S.I. has also to be made on pricing of tobacco products here to fulfill a commitment given to the Commission.</p> | <p>on-going</p> <p>on-going</p> <p>October 2001</p> | <p>N. Usher G.O' Dufaigh</p> <p>N. Usher G.O' Dufaigh</p> <p>G.O' Dufaigh K. Devine J. Gibbs</p> | <p>Successful conclusion of second negotiating session on Framework in Spring 2001 and third session in Autumn 2001.</p> <p>Successful conclusion of negotiations on both Directives consistent with our tobacco policy</p> <p>Enactment of regulation.</p> |
| | Analysis of possible litigation by the Government and servicing legal team retained by the Attorney General. | December 2001 | N. Usher G. O' Dufaigh | Facilitate advice from legal team to the Attorney General |

| Divisional Objective No. 4 To ensure that an appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public from those environmental factors, particularly tobacco, which can adversely affect human health and to promote an awareness of those factors among statutory and non-statutory bodies and the general public. | | | | |
|--|---|-------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Introduction of legislation to improve patient protection while undergoing treatment with medical ionising radiation as required by EU Directive | Bring to completion work carried out in May - December 2000 on draft regulations to transpose an EU Directive in this area. | June 2001 | G. O' Dufaigh K.Devine J. Gibbs M.Guiry B.Carolan N.Murray | Completion of S.I. and advise EU Commission . Circulation to health boards, hospitals and relevant department, agencies and groups for implementation. |
| Introduction of additional measures on Protection and Welfare of Animals used in Scientific Research as required by EU Commission | New S. I. to revoke existing S. I. and amend our legislation in this area | 30 April 2001 | As above | Completion of S.I. and advise EU Commission . Circulate to Departments and agencies. |
| Formulation of definitive NEHAP for submission to Government | Completion of collation and analysis of responses to proposed National Environmental Health Action Plan commenced in September - December 2000. Submission to Government of definitive plan | September 2001 | N.Usher G. O' Dufaigh Siobhán McEvoy Martin Fitzpatrick. K. Devine | Secure agreement of Departments and agencies to Plan and submit to Government. Initiate process to commence implementation |
| Review of Public Health Departments-examine operational practices and outputs of Public Health Departments, identify opportunities and recommendations | Unit has participated in the review under independent Chairman during 2000. Management consultants have visited health boards as part of the review and a final draft report will be available to review group in early 2001. Support CEOs in servicing negotiations with IMO | June 2001 | N. Usher G. O' Dufaigh | Ensuring that all demands on management side in the negotiations are met. |
| Put in place a means of monitoring ambient exposure of the public to non-ionising radiation emissions | Action required on foot of a Council Recommendation to monitor ambient exposure of the public. This will require use Of an external agency to carry out the monitoring | September 2001 | G. O' Dufaigh K. Devine J. Gibbs M. Guiry | Advise Commission of action taken and outcome |

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| Divisional Objective No. 4. To ensure that the appropriate legal framework, relevant structures and adequate resources are in place to facilitate the protection of the health and safety of the public from those environmental factors, particularly tobacco, which can adversely affect human health and to promote an awareness of those factors among statutory and non-statutory bodies and the general public | |
| Percentage of Total Divisional Time | 50% for steps in relation to Tobacco, 15% for other Environmental Health steps specified |
| Output(s)/ Services Delivered | <p>Passing of Tobacco legislation, fully operational Office of Tobacco Control, establishment of Tobacco Research Centre. These will result in much tighter controls and restrictions on tobacco sales, tobacco promotion, the operations of the tobacco industry here and will improve compliance with the law in this area.</p> <p>Improved participation/co-operation with other bodies whose activities impact on environmental health. Improved public awareness of the interdependence of environment and health</p> <p>Improved protection for patients undergoing medical radiation treatment and for staff working in the area. Tighter restrictions on proliferation of ionising radiation equipment.</p> <p>Tighter controls on research work using live animals.</p> <p>Additional monitoring of non-ionising radiation emissions from a range of sources and greater public awareness of possible hazards in this area.</p> |
| Dependencies/Linkages - External and Internal | Office of Tobacco Control, Institute of Public Health, Secondary Care Division, Medical Division, Health Boards, other relevant Government Departments and Agencies, Office of Parliamentary Counsel to the Government, Non-Governmental Organisations, EU Commission, WHO |
| How the identified dependencies and linkages will be managed. | <p>The Unit will ensure that the Office of Tobacco Control and the Institute of Public Health submit appropriate annual Business Plans which will be consistent with national policies and priorities. This will facilitate regular structured meetings. The Unit will also proactively engage in consultation with relevant Departments and agencies</p> |
| Comments | <p>The new Tobacco Bill will have to be accorded priority attention for drafting by the Office of the Parliamentary Counsel and have a dedicated draftsman assigned to it if the end of June deadline is to be met. The Bill will then have to get significant parliamentary time if it's to be processed through both Houses by the end of the year.</p> <p>In addition to the tobacco priorities indicated in the divisional objective above there are a range of other tobacco related activities which have to be serviced on an ongoing basis in the Environmental Health Unit.</p> <p>These include dealing with increasingly numerous external queries and complaints on tobacco and health from the public, from the press and other media, from employer and employee organisations, from health boards and other Government Departments and public bodies.. Enquiries via the E-mail are also being dealt with.</p> <p>Lobbying by tobacco interest groups and requests for meetings are likely to increase in 2001 after publication of the Tobacco Bill.. Many of these meetings take place after</p> |

Division: Food, Medicines and Environmental Health

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| | <p>normal working hours in Leinster House and place considerable pressure on the small number of staff available. Some staff have considerable amounts of leave not yet taken.</p> <p>Also in addition to the items indicated in the divisional objective above there are a range of other environmental health activities which have to be serviced on an on-going basis in the Environmental Health Unit. These include dealing with queries and complaints re ionising radiation emissions (Sellafield et al) and possible health hazards from non-ionising radiation emissions from power lines, mobile phones etc.</p> <p>There are a number of other items in the environment area which generate work as well. The Department is represented on the WHO European Environment and Health Committee, the Green Network of Government Departments and the European Committee for the Prevention of Pollution Related Diseases. Input is also required from the Unit into the various environmental directives handled by the Department of the Environment and Local Government e.g.. Reduction of Greenhouse Gas Emissions, Transboundary Pollution, Climate Change, Noise.</p> <p>F.O. I requests on radiation and the environment and on animal experiments are also dealt with in the Unit. There are numerous external queries and complaints on environment and health matters from the public, from the press & other media, from employer and employee organisations, from health boards and other Government Departments and public bodies. Enquiries via the E-mail are also being dealt with. The public reaction when there is an environmental mishap, whether local, national or international tends to be a concern over implications for public health.</p> <p>The Unit administers a licensing system for persons wishing to conduct scientific research using live animals and also licences premises where scientific work is carried out. This takes up a considerable amount of staff time, one staff member is employed almost full time in processing the licences and dealing with queries and meetings with Animal Welfare Groups. This work which relates to animal welfare and protection is more appropriate to a specialist agency or the Department of Agriculture. Advice in relation to this area is obtained from veterinary officers and bodies outside the Department. This area of work should be devolved outside the Department..</p> |
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Division: Food, Medicines and Environmental Health

| Divisional Objective No. 5 To participate in and contribute to the business planning process in the Department, the formulation of the new Health Strategy and the roll-out of the Performance Management and Development Programme in the Department. | | | | |
|---|---|----------------------------------|--------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To develop and implement a Business Plan for the Division for 2001 which is consistent with the Department's overall policies and priorities. | To formulate an annual Business Plan in close consultation with the entire team and to submit for endorsement. | January, 2001 | N. Usher and entire team | Endorsement of Plan by Deputy Secretary and MAC/Minister. |
| | To put in place an appropriate monitoring mechanism for evaluating progress with Plan. | Feb. 2001 and ongoing thereafter | N. Usher | Objectives achieved within given timeframes or, when necessary, adjusted appropriately |
| To contribute fully to the formulation of the new Health Strategy. | Participate fully in MAC/PO Workshops, and provide every assistance to the Health Strategy Project Team to help shape the development of the general structures and services and, more specifically, ensure that the priority developments for which the Division is responsible are reflected in the Strategy. | June, 2000 | N. Usher | Finalisation of Health Strategy with appropriate provisions contained therein relevant to the Division's areas of responsibility. |
| To ensure successful roll-out of new Performance Management and Development Programme. | Facilitate training for all staff in the Division in the Programme. | March, 2001 (first phase) | N. Usher | Improvement in individual and team performances. |
| | Successful implementation of Programme. | Ongoing thereafter | | |

Division: Food, Medicines and Environmental Health

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| Divisional Objective No. 5 To participate in and contribute to the business planning process in the Department, the formulation of the new Health Strategy and the roll-out of the Performance Management and Development Programme in the Department. | |
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Challenging Business Plan implemented within given timeframes. Comprehensive Health Strategy completed and launched. Performance Management and Development Strategy successfully launched and implementation commenced. |
| Dependencies/Linkages - External and Internal | Entire staff of Division, other Divisions in the Department and all of the various agencies referred to under other objectives. |
| How the identified dependencies and linkages will be managed. | Daily unscheduled contact, regular meeting and progress meetings. |
| Comments | Whilst 10% is stipulated as the percentage of total Divisional time to be devoted to this objective, work towards the achievement of this objective will permeate the work towards all the other objectives and should facilitate their achievement in a more efficient manner. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|------------------------|--|
| Ensure training for and involvement of all staff in the Division in the Performance Management and Development Programme. | Improvement of individual and team performances in order to achieve Divisional objectives | On-going | All staff |
| Make use of whatever courses or programmes are available in the I.T. area, F.O.I. area, Civil Service Training Centre etc. | Improve knowledge of areas of work and improve efficiency in processing workload | On-going | All staff |
| Review organisational structure of Food Unit following elimination of backlog of transpositions. | A better balance of responsibilities between the two APs once the heavy volume of overdue transposition has been dealt with. | April 2001 | N. Usher J.O' Toole G. Kelly |
| Actively pursue possibility of devolving certain functions from Environmental Health Unit to Office of Tobacco Control or other appropriate agency. | Relieve some of the existing unsustainable pressure on the staff in the Unit. | On-going | N. Usher G.O' Dufaigh |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---|--|
| Monthly meetings, specifically on the Plan, of senior management in the Division and professional staff. These will also be informed by fortnightly meetings of PO and APs on issues facing the Division. | N.Usher J. O' Toole G.Kelly M. Griffin G.O'Dufaigh T. McGuinn S. McEvoy | Monthly update to be made available to the Deputy Secretary and revision of Plan if necessary. |

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Department of Health and Children

Business Plans 2001

Division name: General Medical Services Division

Division head: Brian Mullen

Divisional objectives:

1. Support the Minister in the administration of the Department.
2. Promote the effective, efficient and economic development of the General Practice
3. Create the organisational and regulatory framework to encourage the provision of a high quality, cost effective and accountable community pharmacy service.
4. Continue the development of mechanisms to control the cost and supply of drugs and medicines in the community
5. Preparation of new Pharmacy Bill
6. Management of PMDS, Business Plans and health strategy

Section 1

| Divisional Objective No. 1: Support the Minister in the administration of the Department | | | | |
|--|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Organisation of Divisional responsibilities to ensure proper response Day to day support for the Minister/Minister's Office | -dealing with PQs and representations -providing briefing material -dealing with queries from the public, health boards and other stakeholders -preparing speeches -meeting interest groups and representative bodies -dealing with FOI requests -participating in meetings/conference of relevant groups | Ongoing | P Lennon, E Boland C.Brosnan T Doyle J. Collins M.Carolan Staff Officer | Timely and accurate response. -duration of response time -quality of material prepared |
| Management of meetings and administrative support | Organisation of operational and administrative details | Ongoing | M.Carolan | Continued smooth operation of administrative matters. |

| Divisional Objective No. 1: Support the Minister in the administration of the Department | |
|---|---|
| Percentage of Total Divisional Time 20% | |
| Output(s)/ Services Delivered | Quality based customer oriented product delivered in a timely fashion |
| Dependencies/Linkages - External and Internal | Other Divisions, Health Boards, representative bodies, interest groups, media and public |
| How the identified dependices and linkages will be managed. | By proper organisation of work (please see Divisional Development Objectives)\ |
| Comments | This is an extremely time consuming (albeit important) area of the Division's work that is much underestimated and appreciated. |

| Divisional Objective No. 2: Promote the effective, efficient and economic development of the General Practice | | | | |
|--|---|---|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Progressing CEOs' review of General Medical Services | -Bringing Memorandum to Government on this area -consultations with representative bodies | -June 2001 March | B Mullen & P Lennon B Mullen P Lennon | Getting Govt agreement to proceeding with consultations - end Feb Progress in negotiations |
| Development of strategic e-business plan with GMS (payments) Board and Systems Division for e-management | -establishment of Central Client Eligibility Index | -to be rolled out in second half of 2001 | B Mullen | -putting in place the technology to make this operationally effective in the GMS (Payments) Board. |
| Development of appropriate out of hours primary care service | -formulating and overseeing comparative independent evaluation of North East DOC and CAREDOC -working with other Health Boards to progress OOH models in their areas | -Stage 1 of evaluation process is scheduled to be completed in May and Stage 2 in September -ongoing in 2001 | P Lennon & E Boland P Lennon & E Boland | -formal establishment of additionality and VFM criteria for models by end February -organising national OOH conference in March --appointing national OOH facilitator by April -formal acceptance by stakeholders of agreed development model by August |
| Increased IT usage in primary care | -national promotional campaign to heighten IT awareness progress | -ongoing in 2001 | P Lennon & E Boland | -organisation of national conference on IT in primary care for April -improved media coverage -website enhancement -IT training programme to be extended -resolution of certification issues -national coding standards to be in place. |

| Divisional Objective No. 2: Promote the effective, efficient and economic development of the General Practice | | | | |
|--|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| continued implementation of cardiovascular strategy in primary care area | Commencement of national pilot primary programme of structured care and secondary prevention | July 2001 | B Mullen | Agreement on protocols, scheduling, data controls etc by April |
| . Extension of medical card eligibility and other contractual issues | -holding negotiations with IMO on implementation | -May 2001 | B Mullen P Lennon | -conclusion of negotiations -amending eligibility regulations -preparation of necessary contractual Circulars. -preparation, circulation and action on draft |
| review of GP support funding over last five years | -Review report to be prepared. | -April 2001 | P Lennon | -completion of report. |
| continued promotion and improvement of IDTS Scheme | -agreement on 2002 methodology | -late 2001 | B Mullen & P Lennon | -preparation of new methodology |
| | -participation in working group on IDTS Scheme | -ongoing in 2001 | B Mullen | -progress report from group |

| Divisional Objective No. 2: Promote the effective, efficient and economic development of the General Practice | |
|--|--|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | <ol style="list-style-type: none"> 1. An e-management based control system enabling electronic communication between the GMS (Payments) Board, the health Boards and service providers. 2. A structured environment for the provision of appropriate primary care services in a value for money manner. 3. A primary care practise environment characterised by quality use of IT. 4. A new template for determining value for money in terms of judging the desirability of project support. 5. Extension of medical card eligibility and resolution of outstanding contractual issues. 6. Government approval for action to develop general practice and engage in consultations with representative groups 7. Rolling out of the cardiovascular strategy with enhanced role for primary care. 8. Re-invigorated IDTS Scheme |
| Dependencies/Linkages - External and Internal | <ol style="list-style-type: none"> 1. GMS (Payments) Board, Systems Division, Health Boards, Software Suppliers 2. Health Boards, Evaluators 3. Health Boards, iCGP, Software Suppliers 4. Health Boards and other funded bodies 5. GMS (Payments) Board, Health Boards and IMO 6. Other Divisions, other Departments and medical representative bodies 7. Other Divisions, Health Boards, ICGP 8. GMS (Payments) Board and IMO |
| How the identified dependices and linkages will be managed. | <ol style="list-style-type: none"> 1. Through Existing Steering Group 2. By consultations and involvement of stakeholders 3. Through the National GPIT Group 4. Through discussions with Health Boards and other funded bodies 5. Through negotiations with the IMO at the HSEA 6. Through formal consultation structures 7. Through existing Cardiovascular Strategy Groups 8. Through established Working Group and negotiations with IMO |
| Comments | <p><u>General Comments on Plan</u></p> <ol style="list-style-type: none"> 1. The amount of time indicated for each of the Objectives areas reflects the situation at the present time but in any particular period over the year this could vary significantly on a weekly, monthly basis. 2. The Business Plan does not specifically show the amount of Divisional time spent on other non-specified objectives and activities such as ensuring the smooth operation of the GMS Scheme by means of letters of clarification, meetings with Primary Care Unit managers, etc. 3. A substantial degree of time is spent by Divisional officers on internal and inter-Departmental Groups that are of only limited relevance to the key objectives of the Division. 4. The ability of the Division to progress its Business Plan in the manner indicated is dependent (at a minimum) on the existing level of resources being maintained over the period of the plan and the development of the General Practice Strategy (as per the CEO Review) will call for significant additional resources. 5. The Business Plan has arisen from the planning process undertaken in the Division and represents a consideration of the extent to which external environmental factors can affect relevant areas. However, there is always the possibility that unforeseen external (or even internal) factors may emerge or that there may have to be a re-assessment of Divisional priorities as a result of changes in Departmental goals and work priorities, as with last year when a case was brought by a GP to the Rights Commissioner Service and detailed preparation had to go into dealing with the claim (successfully). |

| Divisional Objective No. 3: Create the organisational and regulatory framework to encourage the provision of a high quality, cost effective and accountable community pharmacy service | | | | |
|---|---|---|-----------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Amend section 59 of the Health Act, 1970 (Health Miscellaneous Provisions) Bill, 2000. | Assisting the Minister in the passage of the bill through the Oireachtas | Urgent but depends on availability Dail and Seanad time | B. Ryan | Passing of Bill at Dail Committee Stage - March 2001 |
| Follow on work to the amendment of section 59 of the Health Act, 1970 | Draft regulations underpinning the provisions of the amended section 59 of the Health Act, 1970 | Mid 2001 | B. Ryan | Enactment of Bill by end March |
| IR issues relating to community pharmacy e.g. medical cards for patients over 70 | Ongoing negotiation with the Irish Pharmaceutical Union in association with other State agencies. Liaison with health boards. Liaison with the GMS (Payments) Board | May 2001 | B. Mullen APO C.Brosnan | Progress in negotiations with IPU by March/April |
| Review of Community Pharmacy (Contractor Agreement) Regulations 1996 | Negotiations with IPU Liaison with the Departments of Finance and Enterprise Trade and Employment, Finance, Liaison with the Competition Authority | September 2001 | B. Mullen B. Ryan C.Brosnan | Progress in review |
| Making necessary arrangements to enable NRT availability to medical card holders | Discussions with GMSPB, IPU, industry, | March 2001 | B Mullen C Brosnan | Progress in discussions - end Feb 2001 |
| Appeals under SI no. 152 of 1996 | Processing and making recommendations to the Minister | Until finalised | C.Brosnan | Continued transparency and equity in appeals process |
| IT strategy for community pharmacy | Ongoing meetings with IPU, GMS (Payments) Board | | B. Mullen C.Brosnan APO | Gaining agreement with IPU - April/May 2001 |
| IT strategy for community pharmacy | Ongoing meetings with IPU, GMS (Payments) Board | | B. Mullen C.Brosnan APO | Rolling out of open, accessible IT standard for community pharmacy to meet state requirements and professional requirements |
| Continuing education for community pharmacists | Chairing of management committee for continuing education | Ongoing | APO | Ongoing |

| Divisional Objective No. 3: Create the organisational and regulatory framework to encourage the provision of a high quality, cost effective and accountable community pharmacy service | |
|---|--|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | <p>Health (Miscellaneous Provisions) bill, 2000 - committee stage briefing and speaking notes for the Minister. Preparation of agreed amendments</p> <p>Follow up to the Bill - regulations required under the Bill - analysis of what is required, discussion with the Chief Pharmacist, drafting of regulations, consultation with the Legal Advisor, liaison with the Department of Finance as appropriate.</p> <p>IR issues - resolution of IR. issues, continued smooth implementation of the Schemes.</p> |
| Dependencies/Linkages - External and Internal | <p>Health (Miscellaneous Provisions) bill, 2000 Internal - liaison with the Chief Pharmacist. External - liaison with the Parliamentary Draftsman and the Bills Office</p> <p>Regulations made under the Bill Internal - liaison with the Chief Pharmacist and consultation with the Legal Advisor. External - input from the GMS (Payments) Board and the health boards, liaison with the Department of Finance as appropriate.</p> <p>IR issues . Internal - Chief Pharmacist and Finance Unit. external - IPU and GMS (Payments) Board.</p> <p>IT strategy Internal - Systems Unit. External - IPU, GMS (Payments) Board and health boards</p> <p>There are external linkages with the public, the health boards, the GMS (Payments) Board, the Pharmaceutical Society of Ireland, the Irish Pharmaceutical Union and the Medicines Board.</p> <p>Management of meetings and administrative support. Internal - liaison with other Divisions, the Minister's Office and the Chief Pharmacist. External - the health boards, the GMS (Payments) Board, the Pharmaceutical Society of Ireland, the Irish Pharmaceutical Union , IPHA, individual companies etc.</p> |
| How the identified dependices and linkages will be managed. | <p>Bill - communication with the Draftsman and the Bills Office on amendments to the Bill.</p> <p>Follow up work to Bill - discussion with the Chief Pharmacist on the regulations. Consultations with the Legal Advisor. Liaison with the health boards and the GMS (Payments) Board to ensure that objectives are understood. Communication with the Department of Finance.</p> <p>IR issues - communication with relevant groups.</p> <p>Support for the Minister's Office - ongoing contact with that Office. and good appreciation of the issues concerned.</p> <p>Management of meetings and administrative support - channels of communication within the Division.</p> |
| Comments | N.B. Unless current staff shortages are remedied - half time APO, current SO vacancy and impending departure of EO - it will not be possible to progress issues in the timscale outlined. Unless an additional APO post is provided, it will not, be possible to progress work on a new Pharmacy Bill, despite commitments by the Minister in this regard |

| Divisional Objective No. 4: Continue the development of mechanisms to control the cost and supply of drugs and medicines in the community | | | | |
|--|--|-------------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Day to day management of the IPHA Agreement | Examination of applications for the reimbursement of products, follow on issues relating to pricing, precedents and supply. Dealing with queries from companies | Ongoing | C.Brosnan J.Collins Staff Officer | Examination of applications. Additions etc. to the list of reimbursable items in line with reimbursement policy. Monitoring etc. |
| Follow up work re regulations as a result of the Bill | Drafting of regulations underpinning the provisions in the Bill | Depends on when the Bill is enacted | B. Ryan | More accountable system for the supply of drugs under the schemes. |
| Drug costs | Analysis of cost trends Data collection | Ongoing | B.Mullen M.Carolan | Tracking of expenditure and trends Collating data in costs |

| Divisional Objective No. 4: Continue the development of mechanisms to control the cost and supply of drugs and medicines in the community | |
|--|--|
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | Effective procedures for dealing with applications for reimbursement in a timely and transparent manner with ultimate benefits to the patient. Continued application of the Department's policy in relation to the IPHA agreement and associated issues. |
| Dependencies/Linkages - External and Internal | <p>Day to day management of the IPHA Agreement Internal - Chief Pharmacist and Pharmacist. External - GMS (Payments) Board and the industry.</p> <p>Amendment of section 59 of the Health Act, 1970 External - Draftsman and Bills Office</p> <p>Follow on work to Bill Internal - Chief Pharmacist and Legal Advisor. External - appropriate liaison with the Department of Finance.</p> <p>Drug costs Internal - Finance Unit. External - GMS (Payments) Board, health boards and the Department of Finance.</p> |
| How the identified dependices and linkages will be managed. | <p>Day to day management of the IPHA Agreement - Regular meetings of the Products Committee re applications for reimbursement. Open channels of communications between staff dealing with this and related issues.</p> <p>Bill and follow on work - liaison with Draftsman etc., Chief Pharmacist, Legal Advisor and Department of Finance to ensure understanding of issues and the Department's requirements in this regard.</p> <p>Drug costs - liaison with the relevant agencies. .</p> |
| Comments | Issues associated with the reimbursement of products and the IPHA Agreement form the core work of the Division. The input of a Staff Officer is essential to this work. |

| Divisional Objective No. 5: Preparation of new Pharmacy Bill | | | | |
|---|---|-------------------------------|----------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Preparation of framework/outline heads of new Pharmacy | Full examination of current legislation. Analysis of issues and identification of requirements. Continued dialogue with the Pharmaceutical Society of Ireland . | November 2001 | B. Mullen B.Ryan C.Brosnan | |

| Divisional Objective No. 5: Preparation of new Pharmacy Bill | |
|---|--|
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | Framework for new Pharmacy Bill |
| Dependencies/Linkages - External and Internal | Internal - Chief Pharmacist, Medicines Unit and Personnel Unit External - Pharmaceutical Society of Ireland, IPU |
| How the identified dependices and linkages will be managed. | Regular consultation with the Chief Pharmacist. Consultation with Medicines Unit and Personnel Unit. Regular meetings with the PSI. Meeting with the IPU as appropriate. |
| Comments | Unless an additional APO post is provided, it will not, be possible to progress work on a new Pharmacy Bill, despite commitments by the Minister in this regard |

| Divisional Objective No. 6: Preparation and management of Business Plans PMDS, and health strategy | | | | |
|---|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Prepare and Monitor Business Plan | Consultation with and discussion with staff and agreement on Plan | February 2001 | All | Agreement with staff |
| | Monitor Plan - Monthly meetings between PO and APOs and quarterly meetings with all staff | Ongoing | B Mullen | Adjustments as appropriate to Plan |
| Implementation and management of PMDS within Division | Agreement on Role Profiles at appropriate dates | Feb/Mar 2001 | B Mullen P Lennon B Ryan E Boland C Brosnan | Agreement on role profiles Meeting review dates |
| Divisional Input to preparation of health strategy | Participate in review of current strategy | Feb 2001 | B Mullen P Lennon B Ryan | Response to questionnaire from ESRI |
| | Participate in working group on Eligibility | May 2001 | B Mullen | Contribute as appropriate to work of group |
| | Liaison with Change Management Unit as appropriate | Ongoing | | |

| Divisional Objective No. 6: Preparation and management of Business Plans PMDS, and health strategy | |
|---|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | <p>Implementation of structured business planning</p> <p>Implementation of PMDS within the Division with clear determination of role profiles linked to Business Plans</p> |
| Dependencies/Linkages - External and Internal | <p>Internal - Discussion and agreement with staff in Division</p> <ul style="list-style-type: none"> - Meetings of MAC/PO forum in relation to Strategy - Consultation with Change Management Unit <p>External - Working group on eligibility in relation to health strategy</p> |
| How the identified dependices and linkages will be managed. | <p>Ongoing structured consultation with all staff</p> <p>Participation in working group and consultation with other Divisions and external stakeholders in relation to preparation of health strategy</p> |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|------------------------|--|
| Examination of the organisation of work in the Division (including possible devolution of work) and reorganisation to reorganise existing commitments in the best way possible | Better use of resources Clearer understanding of issues | December 2001 | All staff |
| Identification of training needs | Improved capacity to deliver results | June 2001 | All staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|-----------------------|------------------------------------|
| Monthly meetings between PO and APOs and quarterly meetings with all staff | B Mullen | Adjustments to Plan as appropriate |

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Reporting to Mr Anthony Enright

Corporate Services

External Systems

General Register Office (Joyce House)

General Register Office (Roscommon)

Health Promotion Unit

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Department of Health and Children

Business Plans 2001

Division name: Corporate Services Division

Division head: Ms Deirdre Walsh

Divisional objectives:

1. To initiate the development and implementation of a Human Resources policy in conjunction with the roll out of Performance Management and Development Systems training program and underpinned by the introduction of a Human Resources Management System.
2. Design staff handbooks of policies and procedures and develop them for the areas of Records Management, Human Resources Management and Policy Development.
3. To finalise and circulate a new Health and Safety Statement setting out the Department's policy under the Health, Safety and Welfare at Work Act (1989) and for its implementation. In consultation with staff, OPW, and the design team for the refurbishment of Hawkins House, to draw up procedural guidelines for occupants of Hawkins House with due regard to Health and Safety for the duration of the refurbishment project.
4. To develop and progress a coherent information, telecommunications and e-Government strategy for the Department. To put in place those infrastructural and resource elements to allow progression of the action plan over its lifetime while maintaining a working ICT environment in the interim. To ensure that operational objectives for the unit are met.
5. To pilot new working methods in the context of quality customer care while meeting operational objectives. Specific areas are
 - Prepare for Worksharing Scheme
 - Doc. Management (FOI/CMT)
 - Oireachtas remote working project
6. Extend FOIA to the statutory bodies not yet covered by the Act.

Opening Comments :

- In the absence of an overall view / knowledge of the Departments Business Plans as a whole, it has proven difficult for a multi-faceted support function such as Corporate Services to accurately predict the level of demand which may be required of its many services during the year 2001. This also impacts on our ability to interconnect as a Division, to define and integrate our role on a Department wide basis and in a way which accurately reflects the extent of our linkages and dependencies throughout the wider Organisation.

- It should be acknowledged that at least 65% to 75% of divisional time, across all functions, is accounted for by the provision of an ongoing daily support service to an ever increasing customer base. This leaves only 25% to 35% of divisional time for responding to unanticipated demand and planning and developing new work areas as outlined in the Business Plan.

- With regard to "Supporting the Minister", Corporate Services should be regarded as having a significant "indirect role" in this area, reflected in the daily provision of "enabling support services" to the Department as a whole i.e. Personnel, I.T., F.O.I, Corporate Services etc. Corporate services will also play an indirect role in the preparation of the National Health Strategy and the Departments Strategy Statement.

Section 1

| Divisional Objective No. 1 To initiate the development and implementation of a HR policy in conjunction with the roll out of PMDS Training programme and underpinned by the introduction of a HRM system | | | | |
|--|--|---|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person responsible | Key Performance Indicators |
| HR Policy : Launch HR policy after MAC & Partnership approval | Bring together relevant internal groups, to plan for development and implementation | April 2001 ongoing Assess need for further assistance/ management consultancy Oct 2001 onwards Commence write up of policy guidelines for staff on developed issues | DW, CW, MD, DR, MC | Have Policy launched and accepted Sign off on action plan Work in progress |
| Introduction of HRMS: Go to tender for HRMS . | Award tender, secure funding Validation of existing Personnel records and complete preparatory work for new link. Administration and pilot testing, inputting of Phase I | May 2001 November 2001 | DW, CW EB/SR AW, MD, IG,AMcG, all COs | Tender awarded Records validated Test input commenced |

| Divisional Objective No. 1 To initiate the development and implementation of a HR policy in conjunction with the roll out of PMDS Training programme and underpinned by the introduction of a HRM system | | | | |
|--|---|--|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person responsible | Key Performance Indicators |
| Purchase and introduction of new Flexi system: Work towards tendering for new flexi system in conjunction with provisions of HRMS | Seek tenders from suitable companies, choose appropriate tender with Systems Unit and HRMS consultants Select system for purchase ,install and have Personnel staff trained Draw up user programme/guide for staff of Department. Circulate and demonstrate. | To be progressed in conjunction with HRMS package (ongoing) December 2001 | SR / EB, DR, IG/ AMcG AW, DR, IG/AMcG | Tender awarded System purchased System accepted and understood |
| Align HR Policy with CMT Training Programme | Regular meetings and co-ordinated approach | Ongoing | DW, CW, MD, PR, CB | Complementary work programme in place |

Corporate Services Division

| | |
|--|--|
| Divisional Objective No. 1 To initiate the development and implementation of a HR policy in conjunction with the roll out of PMDS Training programme and underpinned by the introduction of a HRM system | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | HR Policy - Policy document available, - Action plan agreed for phased development and implementation by dedicated team, - Action Plan aligned with Training Programme (CMT) HRMS - Contract signed - Pilot implementation of system Flexi - New package in place |
| Dependencies/Linkages - External and Internal | Daily work - Internal (Accounts, Systems Unit, EAO) - External (Civil Service Commission, Dept of Finance, Union Groups) HR Policy - Internal (MAC, local management, CMT) - External (Union Groups, Management Consultants) HRMS - Internal (Systems Unit, Staff co-operation) - External (CMOD) Flexi - All Divisions - External (HRMS Package, Successful company, Union Groups) |
| How the identified dependices and linkages will be managed. | - Personnel function will actively engage with all relevant bodies internal and external to the organisation - Additional staff are being assigned to the Personnel function and additional Management Consultancy will be availed of as required |
| Comments | In the provision of a daily service Personnel Unit is heavily engaged in the management of the "vacancy position" and the amount of time needed to manage same, takes from the progression of overall workload. In HRMS Personnel Unit is highly dependent on timing, phasing and contracts proceeding but is confident that the Unit should be able to initiate substantial inroads into start up phase. Personnel Unit is dependent on good working relationships with staff representative groups, Partnership Committee etc. but above all else, the work of the Unit must have the full support and co-operation of Senior Management |

| Divisional Objective No. 2: To develop a staff handbook of policies and procedures. | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Design the approach to a solution | Identify model approaches in other organisations and review these. | 28/2 | RS | "Chap-book" of samples. Index of WWW sites. Review report. |
| | Identify the design criteria and design the structure and format of manual. | 31/3 | RS | Design criteria and design approach approved by MAC |
| | Draft maintainance policies and secure mechanisms to ensure handbook will be kept up-to-date | 30/4 | RS | Policies and mechanisms approved by MAC and PO's |
| Review Records support for MAC and governance of Department. | Draft consultancy RFP to advise on records and governance issues | 15/3 | RS | RFP issued |
| | Engage consultant and support review of records issues relevant to senior management. | 30/4 | RS | Consultant in place. |
| | Agree report and implementation plan. | 30/6 | RS | MAC endorsement of report. |
| Produce pilot manual for FOI & records management | Assemble and review existing material | 15/2 | RS | Schedule of key documents |
| | Draft 3-level manual covering reference card, desktop, and electronic versions. | 15/3 | RS | In use for FOI request management |
| | Evaluate against emerging design options. Evaluate against RM and PMDS requirements. | 15/4 | RS | Evaluation Report |
| Implement FOI/RM manual fully | Review FOI procedures | 28/2 | RS | Revised procedures agreed. |
| | Review 1998 Records Management Strategy | 30/5 | RS | Revised strategy approved. |
| | Re-express FOI RM material standardised to the agreed handbook design. | 30/9 | RS | Handbook in use in a line division and in HPO. |
| | Implement the strategy in one key area of the Department | 30/11 | RS | New RM practice in place. |
| Develop staff handbook for HR policies and procedures | Identify model approaches | 30/6 | RS | Digest of samples. Index of WWW sites. |
| | Modify for DoHC use and prioritise key policies and procedures for inclusion | 30/9 | RS | Agreed list. |

Corporate Services Division

| Divisional Objective No. 2: To develop a staff handbook of policies and procedures. | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | Express priority policies in handbook format. | 30/12 | RS | Handbook drafted. |
| Develop staff handbook for policy development | Identify model approaches elsewhere | 30/9 | RS | Review circulated to MAC |
| | Modify for DoHC use, identifying standard approaches and related records support. | 30/10 | RS | Report recommending standard approaches. MAC approval |
| | Draft manual | | RS | MAC approval for piloting approaches. |

| | |
|--|---|
| Divisional Objective No. 2: To develop a staff handbook of policies and procedures. | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | <p>A desktop standard guide to DoHC records, HR, and policy development practice.</p> <p>A model format and media for the presentation of policy and procedures.</p> <p>A design for the organisation of policy and procedure material</p> <p>Gains in FOI/RM performance, efficiency, communications, and consistent practice.</p> <p>Induction support of new staff and consistency of practice across the Department.</p> <p>Meets the statutory requirement of FOIA 1997 Sections 15 and 16.</p> |
| Dependencies/ Linkages - External and Internal | <ul style="list-style-type: none"> • Will require input from other sections • The HR policies will be developed as part of the HRM project <p>The handbook requires endorsement at every stage from MAC, PO and partnership fora.</p> <p>This project mirrors the equivalent work being funded in Health Boards.</p> <p>Must synchronise with DoHC electronic record and publishing developments.</p> <p>Design solution must be proven before the policy development phase of the HR strategy.</p> |
| How the identified dependencies and linkages will be managed. | <p>Corporate Services meetings will monitor progress.</p> <p>The records management strategy is to be renewed and for this purpose there will be a monthly records management forum which can advise this project also.</p> <p>DoHC will advise the FOI networks of this development with a view to identifying similar initiatives and will hold regular joint discussions with health boards on their project.</p> |
| Comments | This project could provide the framework for addressing the central records management issues which relate to everyday desktop practice. |

Divisional Objective No. 3

To finalise and circulate a new Health and Safety Statement setting out the Department's policy under the Health, Safety and Welfare at Work Act (1989) and for its implementation. In consultation with staff, OPW, and the design team for the refurbishment of Hawkins House, to draw up procedural guidelines for occupants of Hawkins House with due regard to Health and Safety for the duration of the refurbishment project.

| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
|--|---|---------------------------------|--|--|
| Draft a safety statement for the Department | <p>Research statement and write up circulate to staff.</p> <p>Draft a safety statement for the Department.</p> <p>(i) Ensure appropriate training on fire drill and evacuation procedures etc.</p> <p>(ii) Monitor and review effectiveness of statements and procedures throughout the year.</p> | <p>June 2001</p> <p>ongoing</p> | <p>R. Keane</p> <p>P. Byrne R. Keane</p> | <p>Training delivered</p> <p>Staff satisfaction with statement</p> |
| Establishing Liaison Group on refurbishment with OPW and Design Team | <p>Agree membership and terms of reference</p> <p>Produce and circulate guidelines</p> | 31/03/01 | P. Byrne | Group Established |

| | |
|---|--|
| Divisional Objective No. 3 To finalise and circulate a new Health and Safety Statement setting out the Department's policy under the Health, Safety and Welfare at Work Act (1989) and for its implementation. In consultation with staff, OPW, and the design team for the refurbishment of Hawkins House, to draw up procedural guidelines for occupants of Hawkins House with due regard to Health and Safety for the duration of the refurbishment project. | |
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <ul style="list-style-type: none"> - Safety Statement and miscellaneous documentation on related topics - Delivery of Health and Safety training to appropriate persons - Monitoring of effectiveness of statement in place |
| Dependencies/Linkages - External and Internal | Staff co-operation OPW and design team on refurbishment project |
| How the identified dependices and linkages will be managed. | Staff involvement Through the establishment of a liaison group with OPW and design team and, upon their appointment to include representatives of the main contractors for the project. Administrative budget provision |
| Comments | |

| Divisional Objective No. 4 To develop and progress a coherent information, telecommunications and e-Government strategy for the Department. To put in place those infrastructural and resource elements to allow progression of the action plan over its lifetime while maintaining a working ICT environment in the interim. To ensure that operational objectives for the unit are met. | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Finalise strategy document | Finalise draft and consult with remaining stakeholders | end January | KC | Document ready to issue |
| Seek Department of Finance approval | Consult and discuss with doff | 25 Jan - 10 Feb. | KC | Approval issues |
| Issue tender | Place ad in paper make available via the web | end Feb. | KC | Tender replies from sufficient nos of firms |
| Select consultants | Examine RFT replies, short list and select consultants | 15 March 2001 | Project board | Selection of right team for job |
| Progress plan | Monitor and manage progress of IT Plan exercise | Apr - July 2001 | KC project plan | Plan roll out on schedule |
| Align plan with business priorities of DoH&C | Align plan with ongoing priorities from high level business plans and Departmental objectives | May- July 2001 | KC /Consultant team | Key principles are widely accepted as priorities |
| Begin initial implementation of plan | Highlight resource requirements and assign priorities for implementation | September 2001 | KC, all HEO's Systems | Path for roll out of implementation by end year |

| | |
|---|--|
| Divisional Objective No. 4 To develop and progress a coherent information, telecommunications and e-Government strategy for the Department. To put in place those infra structural and resource elements to allow progression of the plan over its lifetime while maintaining a working ICT environment in the interim. To ensure that operational objectives for the unit are met. | |
| Percentage of Total Divisional Time | see comments below |
| Output(s)/ Services Delivered | Main output will be completed ICT Plan with key priorities, implementation schedule and focus on next steps to delivery. |
| Dependencies/Linkages - External and Internal | 1.Availability of resources to carry out the plan. 2.Co-ordination with CMOD, 3.Quality of consultants, availability, match of consultants to requirement. 4. Availability of clear business priorities and requirements to be matched by appropriate ICT solutions |
| How the identified dependices and linkages will be managed. | 1. Liaison with CMOD and PO 2. Same as 1 above 3. RFT will be sent to all major vendors and selection by way of corporate services group 4. Availability of business plans and interviews with key personnel |
| Comments | It is intended to restructure the Unit over the next few months. The AP will be responsible for managing the consultancy for the IT Plan. The operational plan representing the core activity of the Unit will be drawn up during February |

| 5. Divisional Objective no 5 To pilot new working methods in the context of quality customer care while meeting operational objectives. Specific areas are: (i) Prepare for Worksharing Scheme (ii) Doc. management (FOI/CMT) (iii) Oireachtas project / remote mgt | | | | |
|--|---|--|---|---|
| Steps to achieve objective | Specific actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Worksharing scheme: (i) Anticipate introduction of Worksharing Scheme (ii) Plan for impact of new scheme - discussions with management and unions | Establish timeframe Work on preparatory staff information and try to plan for anticipated demand | Dependent on the Dept. of Finance - anticipated Autumn 2001 | CW, MD, DR, AS | Worksharing Scheme launched |
| Oireachtas remote working project (i) establish technical blue print (ii) appoint consultant (iii) validate approach | (i) specify requirement (ii) get outside expertise (iii) upgrade phone lines (iv) install (v) test (vi) go live | end April 2001 | KC JW JB | Satisfactory and secure access for staff in the Houses of Oireachtas. If successful will be applicable for rest of DoH&C |
| Pilot documentation management within FOI and CMT areas | Research options and define scope Acquire resources Set up chosen application Run application Review and report | 28/02/01 mid April 31/05/01 Jun - Sep 30/09/01 | RS RS/KC RS RS RS | Target records and processes identified. Systems requirement specified Scanning system in place Report submitted to MAC |

| | |
|---|---|
| 5. Divisional Objective No 5 To pilot new working methods in the context of quality customer care while meeting operational objectives. Specific areas are: Worksharing Doc mgt (FoI CMT) Oireachtas | |
| Percentage of Total Divisional Time | N/A As these projects are spread over three sub units |
| Output(s)/ Services Delivered For : Worksharing Oireachtas access For pilot document mgt, | Plan for implementation of worksharing scheme Working model for remote access to DoH&C LAN services Review report. Staff in Change Management, Records Management, FOI, and Systems given direct experience & understanding of this technology. Scanned material - a documented resource for operational applications |
| Dependencies/ Linkages External and internal (i) Worksharing (ii) Oireachtas access (iii) Pilot document management | Department of Finance, Divisional managers, vacancy position, department work program. Cooperation of Houses of Oireachtas staff, vendors and adequate security to allow project go ahead A shared objective with the Change Management Team with Chris McLochlainn being the responsible person from CMT. This pilot will interact with the implementation of the records management strategy. It may also offer downstream opportunities for other strands. Other public bodies are using this technology and can advise. |
| Comments: Work sharing Oireachtas access project Pilot document management | Worksharing - At time of writing no information / instructions have been received from the Department of Finance on a start date for the Scheme. This project should give indication to the technical issues with regard to teleworking Imaging is now a core records management technology. It offers opportunities in a number of problem areas. : Records sharing and disposal Support of the multiple relocation of records during refurbishment. Electronic management and release of non electronic records |

| Divisional Objective No. 6: Extend FOIA to the statutory bodies not yet covered by the Act. | | | | |
|---|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Extend FOI Act to the statutory bodies not yet covered by the Act. | Consult with all remaining bodies | Mid to end year | RS + team | Consultation concluded |
| | Proceed with professional bodies forum | Mid to end year | | |
| Co-ordinate health sector responses to FOI issues | Set up network for FOI and DP issues, linking existing networks | Mid year | RS team | Network Established |
| | Organise two seminars on health related issues | Mid to end year | | |
| Address policy issues raised by FOI, Data Protection, and Records Management in health sector | Clarify the implications of the contract-for-services clause of the FOI Act. | Mid to end year | RS team | Work in progress |
| | Prepare for implementation of new DP Act. | end year | RS | |
| | Initiate a review of the records management function within the health sector. | end year | RS | Review Initiated |

| Divisional Objective No. 6: | |
|--|--|
| Percentage of Total Divisional Time | |
| Output(s)/ Services Delivered | Increased readiness for new Data Protection impact. Equity of access to personal and administrative records in the health sector. Policy on the records to be kept by third parties providing services under contract. |
| Dependencies/Linkages - External and Internal | D/Finance is responsible for FOI policy. The Department participates in the Civil Service networks and liaises with the health agency networks. The review of the records management function in the health sector should come from the National Health Information Strategy. |
| How the identified dependices and linkages will be managed. | All work in the health sector is done in conjunction with the relevant networks and steering committees. |
| Comments | Data Protection legislation to transpose the EU Directive EU/95 is to be enacted this year. This will give access to manual as well as electronic records. Its implementation will require a further review of practices relating to personal records and the Department is funding the development of a personal information handbook for health professionals. Staffing implementations: Restructuring of FOI Unit may impinge on target completion date. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|---------------------------------------|--|
| HR- Staff training on new systems: HRMS/Flexi | Well trained staff | By year end | All Personnel staff and Systems |
| FOI- Increase knowledge of FOI application | Department manuals | By year end | All staff |
| Corp Serv - Health and Safety training | Fire drills and synergy | By year end | All Department staff |
| IT training | Contribution to Training | For inclusion in CS training strategy | All staff in Department |
| All staff to be trained in PMDS | Course attended and role profile forms completed | By year end | PMDS and CS Division staff |
| All staff to be briefed in QCC principles | Well informed staff | By end year | Customer Service / training Unit |

Section 3**Business Plan Implementation:**

| Monitoring Mechanism | Person(s) responsible | Output |
|---|------------------------------|---|
| - Fortnightly meeting with AP group | D. Walsh, P.O. | Regular communication and monitoring of progress |
| - AP driven operation plan | Each A.P. | Detailed plan of action at sub-divisional level |
| - Monthly meetings by AP and staff to review operation plan and overall Business plan | Each A.P. | Regular communication and monitoring of people ???? |
| - Regular meeting with Change Management Team | D. Walsh/C. Whelan | Co-ordinated approach |
| - Quarterly review meeting with Asst. sec | D.W. with Mr T Enright | Status report |

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Department of Health and Children

Business Plans 2001

Division name: External Systems Unit

Division head: Dr. R. Nolan

Divisional objectives:

1. Support the Ministers in the discharge of their functions.
2. Research, Develop, Propose eHealth Service Strategy.
3. Manage ICT Programme of NDP.
4. Provision of Advice and Assistance on Major Developments

Section 1

| Divisional Objective No. 1: Support the Ministers in the discharge of their functions. | | | | |
|---|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Respond to demands from Minister's Office for support material and advice | Draft speeches, press releases, briefing notes, policy papers. Reply to PQs, Reps, FOI requests. | Ongoing | RJN/ CC/ AC/ PF depending on subject matter | High quality documents in required timeframe |

| Divisional Objective No. 1: Support the Ministers in the discharge of their functions. | |
|---|--|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Completed PQs etc.. |
| Dependencies/Linkages - External and Internal | Minister's Office, Press Office, Other Units of Department , Health Agencies. |
| How the identified dependices and linkages will be managed. | Phone calls / e-mails / meetings with other Units, Health Agencies as required. |
| Comments | <ul style="list-style-type: none"> - Unpredictable nature of demand makes accurate prediction of resource and time requirements difficult. - Resource requirement will be reviewed in monthly business plan reviews. |

| Divisional Objective No. 2: eHealth Services Strategy | | | | |
|---|--|---|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To put in place a structure and capacity to facilitate development of e-health strategy and also health service participation in eGovernment projects as well as to feed into developments such as health strategy. | <ol style="list-style-type: none"> 1. Research / prepare eHealth strategy drafts. Consultation with interested parties incl. agencies, suppliers, other Departments etc, submit for approval. 2. Represent the Unit on National Health Information Strategy Group and subgroups. 3. Represent the Unit on Working Group on Health Strategy (eHealth) 4. Participate in discussions on data protection issues in eHealth. 5. Participate in eProcurement - <ol style="list-style-type: none"> a) Health Services Co-ordinating Group b) Consultative Committee 6. Represent the Unit on the Home Countries Health Services National ICT Advisors Group 7. Represent the Department on EU Groups: <ol style="list-style-type: none"> a) Information Society Directorate: Working Party on Health b) High level Committee on Health : Working Group on Telematics & Services | <p>Ongoing throughout 2001.</p> <p>More specific targets as Health Strategy, eGovernment strategy and National Health Information Strategy develop.</p> | AC (items 1,2 & 4), CC (items 5b & 7b), RJN/AC (item 3) RJN (items 5a, 6 & 7a) | Policy Documentation and high quality contributions to cross-over groups etc. |

| Divisional Objective No. 2: eHealth Services Strategy | |
|--|---|
| Percentage of Total Divisional Time | 35% |
| Output(s)/ Services Delivered | <ul style="list-style-type: none"> - eHealth strategy drafts. - briefing material, advice and recommendations. - effective health service participation in eGovernment projects. |
| Dependencies/Linkages - External and Internal | <ul style="list-style-type: none"> - health service strategy. - eGovernment strategy. - National Health Information Strategy. |
| How the identified dependices and linkages will be managed. | Participate in discussions and meetings with relevant groups |
| Comments | This is a very new area with many things including linkages still to be teased out. |

| Divisional Objective No. 3: Manage ICT Programme of NDP. | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Develop Effective Planning Framework. Develop funding approval monitoring and coordinating policies and mechanisms. | 1. Specify Criteria. Review and Integrate Plans. Assess proposals. Meet with Agencies. | 1. December 2001 | RJN/ CC/ PF/ | Effective application of investment to provide high quality ICT Service Support in Agencies. |
| | 2. Joint Systems Unit - Health Board Management Services Officers Group to develop performance indicators. | 2. Mid March 2001 | CC | |
| | 3. NDP performance indicators: data collection & reporting. | Ongoing throughout 2001 | CC/PF | |
| | 4. NDP claims management. | December 2001 | CC/Pf | |

| Divisional Objective No. 3: Manage ICT Programme of NDP. | |
|--|--|
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | Funding is applied within a framework of high quality regional ICT plans, consistent with an overall national direction and policies. |
| Dependencies/Linkages - External and Internal | <ul style="list-style-type: none"> - Good IT Plans developed by Health Agencies. - Realistic funding levels available. |
| How the identified dependices and linkages will be managed. | Ongoing contact and meetings, in particular with Health Agencies and Finance Unit. |
| Comments | It is expected that Department of Finance will shortly devolve to us the Management of Information Society ICT Funding for the Health Sector. |

| Divisional Objective No. 4: Major Developments / Provision of Advice and Assistance | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To participate in relevant Department and Health Agency Groups, Committees and Meetings | The focus is on issues/programmes of a national/multi-board dimension, or which are otherwise strategically important | Ongoing | RJN/CC/PF | Delivery of high quality ICT advice and recommendations. |
| | Current target areas/projects include: | | | |
| | National GPIT Group General Medical Services (Payments) Board Cancer Screening Programmes Financial and Personnel (PPARS) National Hospital and Financial Systems Procurements | | | |
| | Health Service Euro Changeover Group | Jan 2002 | CC | |
| | Health Services Patient Administration System User Group (Euro conversion software to be available and tested) | Sept 2001 | CC/PF | |
| | Physical & Sensory Disability Database Steering Committee - Implementation Review Report | Oct 2001 | PF | |
| | Intellectual Disability Database Steering Committee and Software management Sub Committee | Ongoing | PF | |

| | |
|--|--|
| Divisional Objective No. 4: Major Developments / Provision of Advice and Assistance | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | <ul style="list-style-type: none"> - Dissemination of “best practice”. - Briefing notes and memoranda. - Effective contribution to various Steering and Working Groups. |
| Dependencies/Linkages - External and Internal | Line Divisions D/SCFA |
| How the identified dependices and linkages will be managed. | Meetings, telephone contacts, joint groups. |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|---|--|
| Keep ICT expertise up-to-date | Attend conferences etc. Maintain links with other Departments, Countries. | Ongoing | All members of team |
| Identify and meet personal development requirements | Additional skills and competencies for team members to improve their effectiveness. | Ongoing | All members of team |
| PMDS training for staff | Complete planning stage Complete role profile Complete interim stage Start end of year review stage | April 2001 End May End Oct Dec | All members of team |
| Acquire knowledge of QCS principles | Incorporation of these principles into eHealth etc | End Feb 2001 | All members of team |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---|--|
| Weekly information sessions (<30 minutes) 11.00a.m. each Monday | Everyone | Improved communication among team members, increased understanding of common issues. |
| Monthly Team meeting to review Systems External Agenda at 11.00am on first Monday of the month. | CC (preparation of Agenda), everyone (attendance) | As above and revised business plan and/or other resource allocations. |
| Quarterly Status Reports on Business Plan. | CC | Status of plan and proposals for modifications as necessary. |
| Quarterly Business Plan review with Assistant Secretary. | RJN | Revised Business Plan. |
| Review meetings with partner divisions as required. | RJN/AC/CC | Coordinated approach to business plan revisions. |

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Department of Health and Children

Business Plans 2001

Division name: General Register Office

Division head: S Ó Cléirigh, Árd Chláraitheoir Cúnta

Divisional objectives:

1. Improve services to customers
2. Support the Minister in relation to registration issues
3. Design, develop and implement a modern registration service
- 4 Seirbhísí trí Gaeilge a chothú

Section 1

| Divisional Objective No. 1 Improve services to customers | | | | |
|--|---|--|-----------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Improve certificate and copy production | Extend opening hours from 9.15 to 4.30 | May 2001 | Colm Daly | |
| | Maintain procedure to ensure equitable and efficient service to personal customers including users of the research room | End February 2001 | Colm Daly | Certificates issued within 30 minutes of attendance (single copies) Photocopies on same day. Large orders within 3-5 working days |
| | Improve response rates to postal applicants for certificates | March 2001 | Colm Daly | Response time to remain within targets |
| Review payment of fees | Review fee levels | June 2001 | Caroline Kennedy | Approval by Minister Approval by Govt Departments |
| | Introduce electronic means of payment | June 2001 for personal callers August for remote applicants | Caroline Kennedy | Approval of service provider. (May 2001) Installation of acceptance procedure |
| Publication of a quality service statement | Establishment of a Customer Quality Service Team | Feb 2001 | B Doyle | Publication of statement on Web |
| | Produce draft statement | May 2001 | | |
| | Circulate for approval | June 2001 | | |
| | Publish on Web | June 2001 | | |
| Avail of the information captured by the Historical Data Project | Provide for use of initial images from GRO, Roscommon for use in index searching and certificate production in GRO, Dublin. | July 2001 | Brian Murphy | Successful migration of images onto Gro Dublin server |
| Improve customer service on floor 2 | Provide new counter on floor 2 for clients for reregistration, late registration and marriage queries. | October 2001 | Colm Daly | Plan agreed April 2001 Approval to contract May 2001 Commence work July |
| | Provide for privacy for customers. | | | |
| | Open access from room 2.2 to main room to improve security for staff. | | | |

General Register Office

| | |
|--|---|
| Divisional Objective No. 1 | |
| Percentage of Total Divisional Time | 60% |
| Output(s)/ Services Delivered | <p>Improved access to services.</p> <p>Greater flexibility in payment methods</p> <p>Improved search facilities and certificate production times</p> |
| Dependencies/Linkages - External and Internal | <p>Agreement of General Register Office staff on lunchtime rotas.</p> <p>Agreement of ERHA to open Supt Registrar's Office through lunch time</p> <p>Approval of an electronic cash handling service provider</p> <p>Training of staff and supervisors.</p> <p>Availability of Web development expertise.</p> <p>Adequate IT systems support for existing and future IT developments</p> |
| How the identified dependencies and linkages will be managed. | <p>Consultation with Supt Registrar Dublin office.</p> <p>Meeting with General Register Office staff</p> <p>Liaison with Departmental Training Officer.</p> <p>Liaison with Accountant and Department of Finance</p> <p>Liaison with Customer Services Officer</p> <p>Consultation with Asst Secretary Systems appropriate Principal Officer(s) and staff re IT systems development and maintenance. (see also objective No. 3)</p> |
| Comments | <p>Government policy on inflation may impact on the review of fees</p> |

General Register Office

| Divisional Objective No.2 Support the Minister in relation to registration issues | | | | |
|---|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Timely response to queries to Minister's office | Nomination of officer to coordinate communications between the Minister's Office and GRO Re Parliamentary Questions Correspondence and briefing material. | March 2001 | S Ó Cléirigh | Increased customer satisfaction |

| Divisional Objective No. 2 Support the Minister in relation to registration issues | |
|--|---|
| Percentage of Total Divisional Time | 0.5% |
| Output(s)/ Services Delivered | Replies to Parliamentary Questions, draft letters and briefing material |
| Dependencies/Linkages - External and Internal | Liaison with Superintendent Registrars, Central Statistics Office and Department of Social Community and Family Affairs Liaison with Ministers Office. |
| How the identified dependencies and linkages will be managed. | Nomination of Liaison officer |
| Comments | |

General Register Office

| Divisional Objective No. 3 To design, develop and implement a modern civil registration service. (In partnership with staff of the Department of Social Community and Family Affairs) | | | | |
|---|---|---|----------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Review legislation in association with DSCFA | Assist in the Draft of the General Scheme of Bill | February 2001 | Seamus Ó Cléirigh | Deadlines achieved |
| | Assist in preparation of Text of Bill | August 2001 | Seamus Ó Cléirigh | Deadlines achieved |
| | Assist in the processing of legislation as required | December 2001 | Seamus Ó Cléirigh | Deadlines achieved |
| Devise and implement Organisational Change Plan in association with DSCFA. | Engage consultants | January 2001 | Brian Murphy | Consultants engaged |
| | Publish Consultation document | February 2001 | Brian Murphy | Document issued to all parties |
| | Initiate communication / consultation framework | March 2001 | Brian Murphy | Presentation given to key Change Champions in the service |
| | Review and assimilate feedback from consultation document | June 2001 | Brian Murphy | List of concerns identified |
| | Implement Initial Steps for Modernisation Programme | December 2001 | Brian Murphy | Detailed workplan devised |
| Devise and implement computerised system for Civil Registration in association with DSCFA | Provide resources for build and test of same | Contingent on plans of successful consultants | Brian Murphy / Seamus Ó Cléirigh | Prototype ready for testing |

General Register Office

| Divisional Objective No. 3 | |
|--|---|
| Percentage of Total Divisional Time | 2-3% |
| Output(s)/ Services Delivered | General scheme of Bill for the Registration of Births Deaths and Marriages Consultation document on the future of the registration service Modernisation Plan for the future of the service |
| Dependencies/Linkages - External and Internal | Availability of staff from the General Register Office, Superintendent Registrars Offices, and Registrars Office to participation the consultation process as required. Staff cooperation with consultants and in process testing phases. Availability of time in Dail legislation programme Availability of adequate IT systems support |
| How the identified dependices and linkages will be managed. | Proactive consultation iwth different staff interests. Dissemination of modernisation newsletters. Briefing sessions for GRO staff and key health board staff Liaison with DSCFA and management consultants Liaison with Systems Unit re backup and internal IT systems development |
| Comments | A significant proportion of the time required to meet this objective is management time and the percentatge of divisional time as stated is not a true reflection on the effort required to meet this objective. There is an outstanding need for IT systems support which needs to be resolved before further new technology is introduced as part of the modernisation programme. In particular the relationship between the GRO and the different parts of the the Systems Unit both external and internal needs to be clarified. |

General Register Office

| Divisional Objective No. 4 Seirbhísí trí gaeilge a chothú | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Tuilleadh eolas a chur ar fáil maidir le seirbhísí chlárúcháin. | Bileog eolas a chur ar fáil maidir le breitheanna a chlárú | Aibreán 2001 | S Ó Cléirigh | Bileog ar fáil í gach ofig áitiúil agus ar an WEB |
| | Bileog eolas a chur ar fáil maidir le chlárú pósadh agus le fógra trí mhí a thabhairt don clárúitheoir. | Aibreán 2001 | S Ó Cléirigh | Bileog ar fáil í gach ofig áitiúil agus ar an WEB |
| | Se Bileog eolas a chur ar fáil maidir le básanna a chlárú | Meitheamh 2001 | | |
| | Fograí a chur suas a chur in iúl go ndéanfar iarracht gnó a dhéanamh trí ghaeilge. | Meán Fhómhair 2001 | S Ó Cléirigh | Fógraí ar taispeánt. |
| | Foireann oiriúnach a aimsiú agus bun-chúrsa a chur ar fáil. | Lúnasa 2001 | S Ó Cléirigh | Foreann beag a chur ar fáil le Gaeilge. |
| | Úsáid na gaeilge a spreagadh san oifig. | Nollaig 2001 | S Ó Cléirigh | Athrú meoin I dtreo an Gaeilge. |

General Register Office

| Divisional Objective No. 4 Seirbhísí trí gaeilge a chothú | |
|--|--|
| Percentage of Total Divisional Time | 1% |
| Output(s)/ Services Delivered | Eolas maidir le chlarú breitheanna, básanna agus pósadh ar fáil trí ghaeilge |
| Dependencies/Linkages - External and Internal | Aistriúcháin ar bileoga abheith ullamh in am. Chuid den foireann a mbeadh sásta beagán oibre a dhéanamh trí gaeilge Bun-chúrsa gaeilge oiriúnach a fháil |
| How the identified dependencies and linkages will be managed. | Bureau aistriúcháin a aimsiú. Am an tÁrd Chláraitheoir a chur ar fáil. Dul I gcomhairle le Oifigeach Oiliúna na Roinne Dhea-dhearchadh i dtreo an gaeilge a chothú i measc an foireann |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|---|------------------------|---|
| Customer service training for all staff. | Improved customer satisfaction. Enhanced staff development | Dec 2001 | Office managers, Departmental Training officer, training contractor(?) and staff of the GRO. |
| Basic computers skills for all staff particularly new staff. | More efficient use of in-house IT systems Enhanced staff development | May 2001 | |
| Basic database skills training for selected staff | Improved tracking of correspondence and Ministerial papers | Jan 2001 | Nominated liaison officer and a small number of clerical staff. |
| Project Management training for identified manager. | Enhanced project management skills for the creation and implementation of an effective plan for the modernisation of the registration service | Dec 2001 | Manager on project team (BM) |
| Bun-chursa Gaeilge | Gnó an oifig a dhéanamh trí Gaeilge nuair a iarrtar é | | Árd Chláraitheoir Cúnta Departmental Training Officer, Training contractors (?) |
| Training as may be specified for staff by Organisation Project consultants | To be identified | To be identified | All staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--------------------------------------|---|---|
| Internal monthly reviews and reports | Séamus Ó Cléirigh (Árd Cláraitheoir Cúnta) and Brian Murphy | Revised plans, highlighting missed deadlines and prioritising remedial action required to achieve objectives. |

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Department of Health and Children

Business Plans 2001

Division name: General Register Office Roscommon

Division head: Pat Patterson (AP)

Divisional objectives:

1. Establish customer satisfaction by ensuring that the electronic records created are of the highest standard.
2. Support the minister.
3. Prepare for provision of new GRO building in Roscommon.

Section 1

| Divisional Objective No. 1 1. Establish customer satisfaction by ensuring that the electronic records created are of the highest standard. | | | | |
|--|--|--|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Take on 34 additional staff. | 1. Advertise for temporary Clerical staff. 2. Interview applicants for temporary posts. 3. Recruit temporary and permanent staff. 4. Train all new staff. | 1. 10 Jan. 2. Mid Feb 3. 2nd Mar 4. End Mar | 1. AP / HEO 2. Ditto. (See dependencies) 3. Ditto. 4. EO's, SO's, CO's N. Caslin and training via maint. contracts. | Approved number of well trained staff in accordance with planned schedule. |
| Continue imaging Registers. | Deploy requisite staff to each of the varied functions. Ensure adequate quality assurance provision. | Ongoing to the end of the year. | All Staff in this area as well as management | Quality and quantity of images in accordance with agreed standards and operational plan. Also, conformity with legal admissibility criteria. |
| Continue work of creating electronic indexes from hard copy. | Deploy requisite staff to each of the varied functions. Ensure adequate quality assurance provision | Ongoing to the end of the year. | All Staff in this area as well as management | Accuracy of data. Volume of work done in accordance with operational plan. |
| Out source some Indexing work | 1. In so far as is required assist consultants being appointed to review the work to date and document handling of amendments | End of Feb. | Management and IT Staff. | Agreement to report by GRO steering committee. |

| Divisional Objective No. 1 1. Establish customer satisfaction by ensuring that the electronic records created are of the highest standard. | | | | |
|--|---|---------------------------|---------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | 2. Discuss and agree QA procedure in respect of returned indexing data to be out sourced. | End of Feb. | AP, EO, C. Flannery, N. Caslin. | Agreed workable system. |
| | 3. Issue RFT incorporating any approved recommendations from consultants reports. | End of March. | P. Patterson A. Mitchell | Approval of GRO steering committee. |
| | 4. Evaluate tenders. | May 2001 | Evaluation Committee | Ditto |
| | 5. Award contract. | June 2001 | Registrar General | Ditto |
| | 6. Monitor contract. | From June to end of year. | Management | Performance in accordance with specification and contract. |
| Backup of all databases and images. | Carry out daily, weekly and monthly backups and store in a safe and secure environment offsite. | On going | I T Staff and SO | Timely backups stored in a secure offsite environment. |

| | |
|--|---|
| Divisional Objective No. 1 1. Establish customer satisfaction by ensuring that the electronic records created are of the highest standard. | |
| Percentage of Total Divisional Time | 94% |
| Output(s)/ Services Delivered | <p>Enlarged electronic database of accurate index entries. Estimate 5.3 million.</p> <p>Enlarged database of quality images of registers. Estimate 1.4 million images.</p> |
| Dependencies/Linkages - External and Internal | <ol style="list-style-type: none"> 1. Personnel unit to provide agreed number of staff within required timescale. That unit will also have a major role in recruitment/interview procedure. 2. Timely delivery of unbound index books. 3. Satisfactory report from consultants. 4. Satisfactory response to RFT re outsourcing of indexing and satisfactory responses by selected contractors. 5. Availability of appropriate liaison staff in Joyce House re our needs and their requirements. 6. Availability of appropriate IT support here and IT advice from Systems Unit. 7. Good IR. climate. |
| How the identified dependices and linkages will be managed. | <ol style="list-style-type: none"> 1. Liaison with Personnel Unit. 2. Proactive liaison with Systems Unit, Joyce House and Book Binding Company. 3. Promote a partnership approach in relation to the ongoing work through regular meeting and information sessions etc. |
| Comments | <p>Outputs as per our operational plan will be contingent on the recruitment of the approved additional staff which are expected to start by early March. Outputs are also based on the assumption that notwithstanding maintenance contracts the hardware and software will be functioning for almost all of the time.</p> <p>Work has not yet commenced in relation to the processing of Marriage records and all post 1976 records. Until this work commences it will not be possible to ascertain the general condition of these records - number of amendments etc. Hence the speed of throughput may require to be revised. The overall direction and modus operandi of the project will be increasingly influenced by the deliberations of the contractors for the various projects under the GRO modernisation programme.</p> |

| Divisional Objective No. 2 Support the minister. | | | | |
|---|--|---|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Open communications with department and ministers office re ministers requirements. Maintain in a state of readiness information likely to be sought at short notice. | Draft reply to PQ's. Draft reply to representations to minister. Draft material for minister for any relevant Dail or Seanad adjournment debate. Draft material for minister for select committee on health services. Draft material for other ministerial speeches. | To meet the requirements of the minister. | Management | Timely, relevant and useful material approved by Registrar General and accepted by minister. |

| | |
|--|--|
| Divisional Objective No. 2 Support the minister. | |
| Percentage of Total Divisional Time | 3% |
| Output(s)/ Services Delivered | The volume of work here is unpredictable and demand - led. |
| Dependencies/Linkages - External and Internal | Good communications with the ministers and secretary general's offices. Electronic communications system being in working order. |
| How the identified dependices and linkages will be managed. | Liaison with the ministers and secretary general's offices. Copies of all relevant files are kept on local hard drive and floppy disks. |
| Comments | It is presumed that appropriate staff will be available to provide the required material even when it is wanted at short notice. |

| Divisional Objective No. 3 Prepare for provision of new. | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ensure that OPW has an accommodation brief which reflects all aspects of the GRO requirements of the future. | <ol style="list-style-type: none"> 1. Review accommodation brief supplied to OPW two and a half years ago. 2. Become acquainted with other comparable state-of-the-art offices. 3. Agree required revisions to the accommodation brief with the accommodation officer. | End of March | AP/HEO | Timely completion of an accommodation brief which incorporates the requirements of staff and public who will use the building and which will facilitate a quality customer service. |

| | |
|--|--|
| Divisional Objective No. 3 Prepare for provision of new GRO building in Roscommon. | |
| Percentage of Total Divisional Time | 3% |
| Output(s)/ Services Delivered | Accommodation brief which will meet the needs of staff and public for the foreseeable future. |
| Dependencies/Linkages - External and Internal | 1. Availability of accommodation officer . 2. Co-operation of OPW. |
| How the identified dependices and linkages will be managed. | Close liaison and regular communications with the accommodation officer and OPW. |
| Comments | The new building to be provided for the GRO will be part of a development to meet all of the other Civil Service needs in the Roscommon area and this fact may give rise to bargaining and compromise. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|---|--|
| 1. All staff scheduled to be trained under PMDS | Identification of personal needs and greater awareness of skill requirements. | 1st April 2001 | All staff |
| 2. Train all new staff to be recruited | Staff capable of quality work. | 1st April 2001 | Management and all new staff (34) |
| 3. Training of some existing staff in new link Access database. | Accurate quality link data. | 1st Feb. 2001 | Management and about 3 staff. |
| 4. Training in QA in respect of indexing data which will be returned from contractor (Bureau). | Staff capable of checking accuracy of data. | June 2001 | Management and about 10 staff. |
| 5. Training of a limited number of staff for the purpose of enabling them to deal with the public as Gaeilge as per the QCS principles. | A limited number of staff proficient in Irish for GRO business purposes. | To end of 2001 and to be continued next year. | Management to organise in consultation with staff, CMT and Gaeleagras. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---------------------------------------|--|
| 1. Production of weekly statistical reports on output is ongoing. | Executive Officers and Staff Officers | Weekly reports |
| 2. Organise meetings on monthly basis with clerical staff to report on relevant issues and listen to views of such staff. | HEO & EO's & SO's and Clerical Staff | Decisions recorded and followed up. |
| 3. Monitor training progress of new staff in advance of live production. | HEO & EO's & SO's | Decision on competence. |
| 4. Monthly meetings to review progress of Business Plan | AP, HEO, and EO's | Decisions recorded and any corrective steps necessary taken and report to MAC member when outcome warrants it. |
| 5. Preparation of quarterly report to MAC member relating to progress of Business Plan. | AP | Progress report including any remedial steps required for discussion with MAC member. |

Department of Health and Children

Business Plans 2001

Division name: Health Promotion Unit

Division head: Chris Fitzgerald

Divisional objectives:

1. Develop the infrastructural requirements necessary for the implementation of the Health Promotion Strategy 2000-2005
2. Continue the implementation of the aims and objectives contained in the Health Promotion Strategy 2000-2005
3. Continue the implementation process of the Cardiovascular Health Strategy
4. To provide strategic policy advice and ongoing support to the Minister
5. Strengthen and maintain European and international links

Section 1

| Divisional Objective No. 1: Develop the infrastructural requirements necessary for the implementation of the Health Promotion Strategy 2000-2005 | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Establish a National Health Promotion Forum | Establish Forum | May 2001 | C Fitzgerald | Forum established |
| Strengthen partnerships | Engage with key stakeholders | Ongoing | All staff | Commence dialogue with key stakeholders |
| Commence development of health proofing policy | Engage with other Departments and Government Secretariat | Ongoing | C Fitzgerald | Critical issues identified. Memo to Government |
| Pursue the devolution of certain executive functions better undertaken at local health board level | ♦ Liaise with HB officials in editorial group so as to streamline publications in advance of transfer to health boards (HEBE) | Ongoing | K Lombard | Some HP materials streamlined, edited and updated |
| | ♦ Liaise with health boards concerning devolution of other functions | Ongoing | SMcGovern | Some settings based initiatives devolved |

| | |
|---|--|
| Divisional Objective No. 1: Develop the infrastructural requirements necessary for the implementation of the Health Promotion Strategy 2000-2005 | |
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Critical issues identified. |
| Dependencies/Linkages - External and Internal | Commitment from other Government departments and statutory agencies. |
| How the identified dependices and linkages will be managed. | Through the Health Promotion Forum. |
| Comments | |

| Divisional Objective No. 2: Continue the implementation of the aims and objectives contained in the Health Promotion Strategy 2000-2005 | | | | |
|--|---|---|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| a) Encourage the development of locally based health promotion initiatives in settings | <p>Work with health boards to encourage the development of initiatives in the settings of:</p> <p>Workplace</p> <p>Health sector</p> <p>Schools and Colleges</p> <p>Community</p> <p>Youth Sector</p> | Specific target dates have been agreed for each programme/setting | K. Lombard O McGovern MMcDonnell | Programmes developed |
| b) Develop topic-based initiatives and national awareness campaigns where appropriate | <p>1) Work with health boards in developing topic based programmes as follows :</p> <p>-smoking</p> <p>-heart health</p> <p>-alcohol</p> <p>-sexual health</p> <p>-breastfeeding</p> <p>-drugs/aids</p> <p>-mental health</p> | Specific target dates have been agreed for each programme/topic | B Brogan K Lombard O McGovern MMcDonnell | Programmes developed |
| | <p>2) Continue to develop, manage and evaluate national campaigns on</p> <p>-anti-smoking</p> <p>-alcohol</p> <p>-heart health</p> <p>-nutrition</p> <p>-sexual health</p> <p>-folic acid</p> | Specific target dates agreed for each campaign | B Brogan K Lombard MMcDonnell K Lombard | Campaigns implemented and evaluated |
| c) Encourage the development of initiatives for population groups | <p>Engage with health boards to develop initiatives around</p> <p>-older people</p> <p>-men's health</p> <p>-travellers</p> <p>-youth</p> | September 2000 | S McGovern MMcDonnell K Ronis K Lombard O McGovern | Establishment of Men's Health Steering Committee |

| | |
|--|---|
| Divisional Objective No. 2: Continue the implementation of the aims and objectives contained in the new Health Promotion Strategy 2000-2005 | |
| Percentage of Total Divisional Time | 40% |
| Output(s)/ Services Delivered | Relevant health promotion programme initiated. |
| Dependencies/Linkages - External and Internal | The health boards are responsible for the implementation of Health Promotion initiatives. In ensuring successful outcomes the Unit continues to develop the linkages with the Health Promotion Officers and the Health Promotion Department of each health board through regular meetings with Health Promotion Officers and through ongoing informal contacts. The Unit will also work closely with the relevant voluntary organisations such as the Irish Heart Foundation and the Irish Cancer Society. The Unit will seek advice from other Sections within the Department on issues such as drugs, immunisation, HIV, etc. National Co-ordinators will be appointed, i.e. Breastfeeding to focus on the implementation of the National Breastfeeding Policy for Ireland. Adequate staffing levels to be maintained in HPU. |
| How the identified dependices and linkages will be managed. | The Unit has established a Health Promotion Liaison Officer Group which meets regularly to progress the Unit's objectives. Linkages are also managed through informal ongoing contact with the Health Promotion Officers and Officers of the voluntary organisation. Informal liaison arrangements are maintained with other relevant Sections within the Department. Streamlining of requests, clearance of draft material and communication network. Maintenance of adequate staffing levels. |
| Comments | |

| Divisional Objective No. 3: Continue the implementation process of the Cardiovascular Health Strategy | | | | |
|--|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Continue implementation of the recommendations contained in <i>Building Healthier Hearts</i> in a planned and structured manner | ♦ Provide medical and administrative support to the Task Force, Advisory Forum and Inter-divisional Working Group and any sub-groups set up by them | Ongoing | Dr E Shelley/B Brogan | Progress on implementation of recommendations nationally |
| | ♦ Agree and monitor Health Board developments, funding and expenditure | Ongoing | B Brogan | Continued financial support for Strategy |
| | ♦ Draft the Annual Report of the Task Force | April | Dr E Shelly/B Brogan | Report presented to Joint Oireachtas Committee for Health and Children |
| | ♦ Develop Heart Health website | June 2001 | B Brogan | Website accessible by public |

| Divisional Objective No. 3: Continue the implementation process of the Cardiovascular Health Strategy | |
|--|---|
| Percentage of Total Divisional Time | 25% |
| Output(s)/ Services Delivered | Implementation of recommendations in Cardiovascular Disease Strategy. |
| Dependencies/Linkages - External and Internal | <p>In line with the strategic management approach ultimate responsibility for the implementation of the Strategy rests with the health boards. Secretariat services for the national implementation structures will be provided to the following groups and their sub-groups:</p> <ul style="list-style-type: none"> ♦ Task Force on Heart Health ♦ Advisory Forum on Cardiovascular Health ♦ Inter-divisional Working Group on Cardiovascular Health <p>Links with Directors of Public Health and Regional Co-ordinators at health board level will be continued. Links will also be maintained with the relevant sections of the Department through the Inter-divisional Working Group which is chaired by Chris Fitzgerald.</p> |
| How the identified dependices and linkages will be managed. | The linkages will be maintained through regular contact with the Chairs of the above groups and through contact with the Directors of Public Health and the Regional Co-ordinators. Regular meetings with the Regional Co-ordinators will also be held. |
| Comments | |

| Divisional Objective No. 4: To provide strategic policy advice and ongoing support to the Minister | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Develop expertise in health promotion based on national and international best practice. | Ongoing advice and support in the context of oral/written briefings. Provision of speech material, PQ replies and responses to political representations | Ongoing | All staff | Timely provision of advice and support |

| Divisional Objective No. 4: To provide strategic policy advice and ongoing support to the Minister | |
|---|--|
| Percentage of Total Divisional Time | |
| Output(s)/ Services Delivered | Advice and briefing given. Speeches, PQ and representations processed. |
| Dependencies/Linkages - External and Internal | Subject to adequate timing, communication and exchange of information with regard to requests for information. Clearance of drafts, etc., within a reasonable timeframe. |
| How the identified dependices and linkages will be managed. | Streamlining of requests, clearance of draft material and communication network. |
| Comments | |

| Divisional Objective No. 5: Strengthen and maintain European and international links | | | | |
|---|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Maintain representation on relevant groups at European and international level | Contribute to debate on health promotion developments at international level | Ongoing | CFitzgerald | Meetings attended |
| Continue to foster North/South links | Develop programme for ongoing co-operation in 2001 | March 2001 | CFitzgerald | Joint projects commenced |

| Divisional Objective No. 5: | |
|--|-------------------------|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Attendance at meetings. |
| Dependencies/Linkages - External and Internal | |
| How the identified dependices and linkages will be managed. | |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|------------------------|--|
| To expose all staff to best practice models in health promotion | Attendance at various health promotion training events | End 2001 | All staff |
| Have all staff trained in executive and administrative skills | Attendance at appropriate training courses | End 2001 | All executive and clerical staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|--|
| Regular meetings of Health Promotion Unit management team | Chris Fitzgerald | Regular reports on progress to Assistant Secretary |

Reporting to Mr Donal Devitt:

Disability Services

Mental Health Services

Services for Older People and Palliative Care

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Department of Health and Children

Business Plans 2001

Division name: Health Services for People with Disabilities, Travellers
and Homeless Adults

Division head: Brendan Ingoldsby

Divisional objectives:

1. Support the Minister in the discharge of his functions.
2. Plan and Monitor the continued development of services to persons with disabilities in line with National Policy Documents and Government Commitments.
3. Implement Traveller Health Policy.
4. Implement Homeless Adult Policy.

Section 1

| Divisional Objective No. 1: Support the Minister in the discharge of his functions. | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.1 Furnish replies to PQs (estimated 390 per annum). | 1.1.1 Research information. 1.1.2 Prepare reply. 1.1.3 Submit to Secretary-General. | Ongoing | BI FF/MOR/KC | Furnish 100% of replies within specified time limit. |
| 1.2 Provide material for reply to representations (estimated 650 per annum). | 1.2.1 Research information. 1.2.2 Prepare reply. 1.2.3 Submit | Ongoing | BI FF/MOR/KC | A minimum of follow-up queries. |
| 1.3 Furnish speech/speech material for Minister /Ministers of State (estimated 50 per annum). | 1.3.1 Research. 1.3.2 Collate, where relevant. 1.3.3 Draft speech. | Ongoing | BI FF/MOR/KC | Meet specified deadline. |
| 1.4 Furnish briefing material for Ministers, TDs, etc. (estimated 240 per annum). | 1.4.1 Research. 1.4.2 Collate, where relevant. 1.4.3 Prepare brief. | Ongoing | BI FF/MOR/KC | Meet specified deadline. |
| 1.5 Management of and attendance at court proceedings (numbers increasing continuously). | 1.5.1 Preparation of Affidavits. 1.5.2 Preparation of other material requested as part of court proceedings. | Ongoing | BI FF/MOR | Meet specified deadline. |
| 1.6 Furnish replies to FOI requests. | 1.6.1 Research. 1.6.2 Contact 3rd parties, where relevant. 1.6.3 Prepare replies. | Ongoing | BI FF/MOR/KC | Meet specified deadline. |
| 1.7 Furnish replies to external verbal and written queries. | 1.7.1 Research, where appropriate and respond. | Ongoing | BI FF/MOR/KC | A minimum of follow-up queries. |
| 1.8 Contribute to the preparation of the New Health Strategy. | 1.8.1 Attend briefing sessions. 1.8.2 Participate in Working Groups, where appropriate. | 30-06-01 | BI/FF | Meet specified deadline. |

Division: Health Services for People with Disabilities, Travellers and Homeless Adults

| | |
|--|--|
| Divisional Objective No. 1: Support the Minister in the discharge of his functions. | |
| Percentage of Total Divisional Time | 35% |
| Output(s)/ Services Delivered | Delivery of information, etc. of a high quality to Minister(s), public representatives and general public. |
| Dependencies/Linkages - External and Internal | <p>Internal: Various Divisions/Sections within the Department.</p> <p>External: Health Boards. Various other Departments, e.g. Enterprise, Trade & Employment and Environment & Local Govt. Particular linkage with Minister of State in the Department of Justice, Equality and Law Reform. Particular linkage with Department of Education and Science. Office of the Chief State Solicitor Health Research Board Outside Consultants (where appropriate). National Disability Authority, Comhairle, FÁS.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Ongoing liaison.</p> <p>External: Regular meetings with other Departments and in particular the Department of Education and Science</p> |
| Comments | Estimated percentage of Divisional time is based principally on actual experience in 2000. |

Division: Health Services for People with Disabilities, Travellers and Homeless Adults

| Divisional Objective No. 2: Plan and Monitor the continued development of services to persons with disabilities in line with National Policy Documents and Government Commitments. | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.1 Ensure appropriate funding is available for the delivery of effective services for people with disabilities and that the structures which are in place to support the development of those services are working effectively. | 2.1.1 Monitor progress on National Development Plan (Capital) and Development Programme (Revenue). | Quarterly | BI/FF/AF | Quarterly Information Updates. |
| | 2.1.2 Liaise with and assist Personnel Unit, as appropriate, in particular in relation to implications for manpower planning service delivery and development. | On going | BI FF/MOR/ML | Provision of information, as required. |
| | 2.1.3 Participation in formulation of Estimates Process within the Department. | On going | BI FF/MOR/KC | Provision of briefing, as required. |
| | 2.1.4 Finalise Divisional responsibilities re HRDOP (1994-1999). | 30-06-01 | BI/MM | Completion of 5% verification. |
| 2.2 Ensure effective and efficient services for people with disabilities in training and sheltered work. | 2.2.1 Finalise arrangements following dissolution of the NRB. | 31-12-01 | BI/KC/TW | Meet specified deadline. |
| | 2.2.2 Continue to co-ordinate and attend National Co-ordinating Committee (NCC) meetings on training, work and employment services. | 31-12-01 | BI/KC/TW | Complete the Committee's work. |
| | 2.2.3 Continue development of a training policy document for people with disabilities (PPF-Page 101, Par. 23). | 31-12-01 | BI/KC/TW | Receipt of draft document. |
| | 2.2.4 Continue a review of funding of Sheltered Workshops (PPF-Page 101, Par. 23). | 30-09-01 | BI/KC/TW | Receipt of Consultant's report. |
| | 2.2.5 Continue preparation of a Code of Practice for Sheltered Workshops (PPF-Page 101, Par. 23). | 31-12-01 | BI/KC/TW | Receipt of draft report. |
| 2.3 Ensure that the most appropriate agreed financial supports and allowances are provided to people with disabilities in the most effective manner. | 2.3.1 Continue to examine the feasibility of introducing a 'Cost of Disability' payment (PPF-Page 94, Par. 11). | On going | BI/KC/TW | Meet the Committee's requirements as they arise. |
| | 2.3.2 Continue examination of the various allowances for people with disabilities under the aegis of the D/H&C. | On going | BI/KC/TW | Receipt of draft Guidelines for each allowance. |
| | 2.3.3 Continue participation in various interdepartmental working groups, etc. | On going | BI/KC/TW | 90% attendance at relevant working group meetings. |

Division: Health Services for People with Disabilities, Travellers and Homeless Adults

| Divisional Objective No. 2: Plan and Monitor the continued development of services to persons with disabilities in line with National Policy Documents and Government Commitments. | | | | |
|---|---|--|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.4 National Monitoring Committee (Intellectual Disability). | 2.4.1 Collect and collate information and report to Committee. 2.4.2 Convene meetings of Committee, as required. | As agreed by Committee. Quarterly | BI/FF BI/FF | Report to Minister. |
| 2.5 Establish Physical/Sensory Disability Database | 2.5.1 Complete 4 pilot projects. 2.5.2 Review recommendations. 2.5.3 Prepare final report. 2.5.4 Initiate National Database. | 31-12-01 | BI/MOR | Completion of pilot projects. Presentation of Report. Initiation of Database. |
| 2.6 Review of Agencies/Services. | 2.6.1 Complete Phase I. 2.6.2 Initiate Phase II. | 31-12-01 | BI/FF MOR/ML KC/TW | Completion of Phase I. |
| 2.7 Review Funding of Voluntary Agencies. | 2.7.1 Agree Draft Report with Working Party. 2.7.2 Finalise Draft for circulation. | 30-11-01 | BI/MOR/ML | Circulation of draft. |
| 2.8 Assess Home Support/PAS. | 2.8.1 Establish Working Group. | 31-12-01 | BI/MOR/ML | Establishment of Working Group. |
| 2.9 Mainstream CE Scheme. | 2.9.1 Continue discussion with D/ET&E. 2.9.2 Prepare costings. 2.9.3 Initiate phased mainstreaming. | 30-09-01 | BI/MOR/ML | Start Transfer Programme. |
| 2.10 Review "National Centre for the Blind" Report. | 2.10.1 Review Report. 2.10.2 Meet with D/E&S. 2.10.3 Agree costings & timescale. | 30-06-01 | BI/MOR/ML | Conclusion of discussions with D/E&S. |
| 2.11 Review "Aids & Appliances" Policy. | 2.11.1 Commence Review of 1999 Working Group Report recommendations. 2.11.2 Circulate "best practice" procedures to Health Boards. 2.11.3 Co-ordinate proposals for the delivery of funding and model of best practice. | 31-12-01 | BI/MOR/ML | Circulation of 'Best practice' procedures. |
| 2.12 Review "Blindcraft". | 2.12.1 Obtain Minister's decision. 2.12.2 Implement Minister's decision. | 31-12-01 | BI MOR/COR | Receipt of Minister's decision. |
| 2.13 Ongoing development of information systems. | 2.13.1 Implementation, in conjunction with HRB, of new software package for National Intellectual Disability Database. 2.13.2 Commence work on the establishment of an information system for autism services. | 31-12-01 | BI/FF/AB | Roll out of software package in health boards. |

| | |
|---|--|
| Divisional Objective No. 2: Plan and Monitor the continued development of services to persons with disabilities in line with National Policy Documents and Government Commitments. | |
| Percentage of Total Divisional Time | 37% |
| Output(s)/ Services Delivered | To have specific information available re expenditure and service delivery which will inform the Department and other key players of progress in the implementation of service development programmes and identification of needs. |
| Dependencies/Linkages - External and Internal | <p>Internal: Finance Division, Personnel Unit, Hospital Planning Office, Department's overall monitoring committee for NDP.</p> <p>External: Health Boards and other service providers; Federation of Voluntary Bodies providing services to people with a mental handicap, National Association for the Mentally Handicapped of Ireland (NAMHI), National Parents and Siblings Alliance, Department of Environment (V.H. Scheme), Department of Education & Science (health related equipment and facilities), Department of Justice, Equality & Law Reform, Department of Enterprise, Trade & Employment, Department of Finance, Office of the Revenue Commissioners, Department of Social, Community & Family Affairs, Health Research Board, Various other stakeholders, Consultant where appropriate.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Regular meetings and briefing sessions. Department's NDP monitoring committee as per agreed arrangements.</p> <p>External: Regular ongoing contact and agreed monitoring procedures at national level. Formal and informal contact. Regular meetings.</p> |
| Comments | It will be essential to have full staffing resources to achieve this objective within the desired time scales. |

| Divisional Objective No. 3: Implement Traveller Health Policy. | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3.1 Prepare Traveller Health Strategy. | 3.1.1 Consult other divisions. 3.1.2 Submit to Minister. | 30-04-01 | BI/MOR COR/PB | Receipt of approval from Minister. |
| 3.2 Publish Traveller Health Strategy. | 3.2.1 Arrange design and printing. 3.2.2 Plan launch. | June 2001 | BI/MOR COR/PB | Completion of Printing. |
| 3.3 Develop Implementation Plan. | 3.3.1 Circulate to health boards. 3.3.2 Ask HBs to draw up phased plan for implementation. 3.3.3 Consider action plans. | 31-12-01 | BI/MOR COR/PB | Receipt of phased plan for implementation from the Health Boards. |

| Divisional Objective No. 3: Implement Traveller Health Policy. | |
|---|---|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Publication of strategy document and completion of preparatory work re phased implementation of same. |
| Dependencies/Linkages - External and Internal | <p>Internal: Various units in the Department will have an input in respect of the policy element relevant to each unit. They are: Mental Health & Older People, Community Health, Childcare, External Personnel, I.M.U., H.P.U., Women's Health, Secondary Care, G.M.S. and Public Health.</p> <p>External: Health Boards. Department of Environment & Local Government. Department of Justice, Equality & Law Reform. Traveller Health Advisory Committee.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Regular Meetings. Ongoing Liaison.</p> <p>External: Regular Meetings. Ongoing Liaison.</p> |
| Comments | Progress will depend on decisions regarding recommendations which have been submitted by the Traveller Health Advisory Committee. |

| Divisional Objective No. 4: Implement Homeless Adult Policy. | | | | |
|--|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 4.1 Publish Health Strategy relating to the discharge of Homeless Persons from institutional care. | 4.1.1Consult MAC members on draft. 4.1.2Prepare final draft. 4.1.3Issue Strategy document. | Apr. 2001 | BI TW/MM | Receive MAC approval. |
| 4.2 Issue Guidelines to Health Boards. | 4.2.1Prepare draft guidelines. 4.2.2Consult Health Boards. 4.2.3Consult D/E&LG 4.2.4Finalise draft 4.2.5Issue guidelines. | 30-06-01 | BI TW/MM | Finalise Draft. |
| 4.3 Develop implementation plan re “Homelessness - An Integrated Strategy” | 4.3.1Consult health boards. 4.3.2Consult Voluntary Agencies, where appropriate. 4.3.3Consult D/E&LG. 4.3.4Prepare plan. 4.3.5Commence implementation. | 31-12-01 | BI TW/MM | Finalise Plan. |

| Divisional Objective No. 4: Implement Homeless Adult Policy. | |
|--|--|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Completion of (i) Health Strategy for persons leaving institutional care; and (ii) Guidelines to health boards. |
| Dependencies/Linkages - External and Internal | Internal: Ger Hughes (Child Care Division). External: Health Boards. Department of Environment & Local Government. Relevant Voluntary Agencies. |
| How the identified dependencies and linkages will be managed. | Regular meetings and ongoing liaison. |
| Comments | It will be essential for the necessary funding to be available to this Department to achieve this objective. |

Section 2

Divisional Development Objectives

List any development and training objectives (organisational and/or staff - e.g. training for all staff in the implementation of the new Quality Customer Care Principles) which you wish to initiate over the period of the plan which will help or improve the Division's capability to deliver on the key divisional objectives.

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|------------------------------------|--|
| Review organisation structure of the Division in light of work requirements. | <ul style="list-style-type: none"> Take time out (all staff) to review workload, priorities, etc. | ASAP but not later than 30-04-2001 | All Staff in the Division |
| Initiate a process improvement project to improve efficiency. | <ul style="list-style-type: none"> Identify and pilot new task-centered projects. Identify particular "efficiency" projects, implement and review. | 30-06-2001 31-12-2001 | All Staff in the Division All Staff in the Division |
| Participate in PMDS training process. | <ul style="list-style-type: none"> All staff to attend training days. | 31-12-2001 | All APs, HEOs, EOs & COs |
| Implement PMDS requirements. | <ul style="list-style-type: none"> All staff to attend appraisal sessions. | 31-12-2001 | All Staff in the Division |
| Percentage of Total Divisional Time | 4% | | |

Section 3

Business Plan Implementation:

Regular monitoring of the progress of the business plan with all staff, frequent reporting to the Assistant Secretary, use of local operational plans to compliment the high level strategic business plan.

| Monitoring Mechanism | Person(s) responsible | Output |
|---|--|--|
| <p>Divisional meeting (½ day) with all staff on last Friday of each month to review business plan.</p> <p>P.O. and A.P.s to hold additional ½ day meeting per month (mid month).</p> <p>Progress report to be prepared for MAC within one week of the last Friday of each quarter.</p> <p>Quarterly meeting with Assistant Secretary.</p> | <p>All staff in the Division.</p> <p>PO & APs</p> <p>PO & APs</p> <p>PO & APs</p> | <p>Monthly update/review document specifying action points/remedial measures, where appropriate.</p> <p>Quarterly progress report for MAC.</p> |
| Percentage of Total Divisional Time | 4% | |
| Comments | <p>In drafting the Business Plan we have found that no firm commitment can be made to carry out other significant blocks of work which may be desirable and necessary, including</p> <p>Preparing a national policy on medical rehabilitation;</p> <p>Reviewing the Physical & Sensory Co-ordinating Committees; and</p> <p>An in-depth consideration of Evaluation and Standards.</p> | |

Department of Health and Children

Business Plans 2001

Division name: Mental Health Services

Division head: Ms Bairbre Nic Aongusa

Divisional objectives:

1. To provide support to the Minister and Ministers of State in the discharge of their functions
2. To facilitate the enactment of legislation to protect the rights of persons availing of mental health services
3. To ensure that the provisions of the Mental Health Act are put in place with minimum delay
4. To ensure that an appropriate level of specialist psychiatric services are established and developed to meet identified need
5. To monitor service delivery and developments nationally and to monitor and control expenditure.

Mental Health Services

Section 1

| Divisional Objective No. 1: Supporting Minister/Ministers of State in the discharge of their functions | | | | |
|--|---|-------------------------------|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Provide appropriate support services: speeches, briefing materials, replies to PQs reps etc. | Ensure ongoing contact with Ministers' Offices Encourage health boards to respond in a positive manner to requests for information | Ongoing Ongoing | Bairbre Nic Aongusa, Paul Howard, Aidan O'Reilly, Marie Cuddy | production of comprehensive material for consideration by Ministers |
| Participate in the preparation of new Health Strategy and Department's Strategy Statement | Participate in Working Groups and supply information to Change Management Team (CMT) on request | Ongoing | Bairbre Nic Aongusa, Paul Howard | Timely supply of information to CMT |

| Divisional Objective No. 1: Supporting Minister/Ministers of State in the discharge of their functions | |
|--|---|
| Percentage of Total Divisional Time | 50% |
| Output(s)/ Services Delivered | To submit accurate and up to date information to the Minister at the requested time Gain positive feedback from Minister/Minister of States' Offices |
| Dependencies/Linkages - External and Internal | Ministers' Offices, Secretary General's Office, Press Office, Special Advisors, Inspectorate of Mental Hospitals, other Divisions/Sections within Department, Health Boards, Voluntary Organisations |
| How the identified dependencies and linkages will be managed. | Develop protocols for speech requests etc. emanating from Ministers' Offices Liaise with health boards re requests for information and pursuing direct replies by health boards on non-policy related PQs. |
| Comments | |

Mental Health Services

| Divisional Objective No. 2: Enactment of new Mental Health legislation | | | | |
|--|--|-------------------------------|----------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Prepare for Report Stage of Mental Health Bill | Examine commitments Prepare amendments (including consultation with Minister) Brief Minister | April 2001 | Bairbre Nic Aongusa, Marie Cuddy | No requirement for Ministerial amendments in Seanad |
| Prepare for Seanad | As above | June 2001 | | |

| Divisional Objective No. 2: Enactment of new Mental Health legislation | |
|--|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Enactment of Bill |
| Dependencies/Linkages - External and Internal | Parliamentary Counsel, Bills Office, Registrar of Wards of Court, other Government Departments |
| How the identified dependencies and linkages will be managed. | The maintenance of good relations with outside agencies is vital to ensure successful output Regular meetings/liaison with all relevant parties |
| Comments | Detailed briefing of the Minister prior to further consideration of the Bill by the Oireachtas is regarded as crucial. Enactment of Bill is dependant on the priority given to it by Government in the context of its overall priorities |

Mental Health Services

| Divisional Objective No. 3: Commence process of establishing Mental Health Commission | | | | |
|---|--|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Appoint staff | Liaise with personnel regarding support staff already sanctioned | April 2001 | Paul Howard | Contracts of employment offered |
| Initiate recruitment of additional staff (including Assistant Inspectors) | Seek sanction from Dept. of Finance re no. of positions, levels of remuneration etc. | November 2001 | Bairbre Nic Aongusa, Paul Howard, Marie Cuddy | Core staff identified by end 2001 |
| Explore options for location of Commission | Liaise with Corporate Service and Office of Public Works re site option appraisals | November 2001 | | Identification of a number of suitable locations for Commission |
| Identification of functions to be transferred from Department to Commission | List of tasks/ work currently being carried out by the Department to transfer | September 2001 | Aidan O'Reilly | Agreement re. those aspects of Department's workload to be transferred |

| Divisional Objective No. 3: Commence process of establishing Mental Health Commission | |
|---|---|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | To reach a level of preparedness to enable the Mental Health Commission to become fully operational during 2002 |
| Dependencies/Linkages - External and Internal | Department of Finance, Local Appointments Commission, Corporate Services Division, Office of Public Works, Personnel Unit |
| How the identified dependencies and linkages will be managed. | Holding regular meetings with relevant bodies and following up on commitments given |
| Comments | This process is dependant on the successful enactment of the Mental Health Bill by the Summer recess |

Mental Health Services

| Divisional Objective No. 4: Further process the development of Child and Adolescent Psychiatry | | | | |
|--|--|------------------------|--|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Develop the role of the Working Group on the development of Child and Adolescent Psychiatric Services | Seek consensus between members of the working group to allow for the presentation of an interim report to the Minister | February, 2001 | Bairbre Nic Aongusa, Paul Howard, Aidan O'Reilly | To meet target dates as indicated |
| | Identify appropriate issues for consideration by Working Group | March, 2001 | | |
| | Respond appropriately to recommendations of interim report | Sept 2001 | | Estimates process for 2002 |
| Progress the development of new in-patient facilities in Cork Limerick and Galway | Finalise planning briefs | | Paul Howard, Aidan O'Reilly | To meet target dates as indicated |
| | Cork | March, 2001 | | |
| | Limerick | Oct 2001 | | |
| | Galway | Oct 2001 | | |

Mental Health Services

| | |
|--|---|
| Divisional Objective No. 4: Further process the development of Child and Adolescent Psychiatry | |
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Presentation of Interim Report to Minister Completion of Planning briefs |
| Dependencies/Linkages - External and Internal | Chairperson of working group, members of the Working Group, Hospital Planning Office, Child Care Division, Finance Unit, Intellectual Disabilities Section, Medical Advisors, Department of Education and Science |
| How the identified dependencies and linkages will be managed. | Regular meetings with Chairperson of Working Group Regular contact with health boards and liaison with Hospital Planning Office |
| Comments | Progress will be dependant on agreement being reached between members of the Working Group Key decisions require to be taken at health board level and by the Department of Education and Science to enable the planning briefs for the new in-patient units to be finalised |

Mental Health Services

| Divisional Objective No. 5: To monitor service delivery and developments nationally and to monitor and control expenditure. | | | | |
|---|--|------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Further develop monitoring process for service developments | Seek information from health boards regarding progress in implementing service plans | Ongoing | Paul Howard, Aidan O Reilly | Service plans delivered by year end |
| Support the Publication of Report of Inspector of Mental Hospitals | Reorganise working arrangements within Division to ensure timely compilation and publication | June 2001 | Paul Howard, Aidan O'Reilly, Adele Gannon | To meet target date as indicated |
| Arrange for closer monitoring of NDP expenditure | Discuss progress regarding NDP expenditure on a regular basis with health boards | Ongoing | Paul Howard, Aidan O'Reilly | Up-to-date information available within the Department re new capital projects |

| Divisional Objective No. 5: To monitor service delivery and developments nationally and to monitor and control expenditure. | |
|---|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Introduction of tighter monitoring mechanism for new developments Publication of Report of Inspector of Mental Hospitals |
| Dependencies/Linkages - External and Internal | Inspectorate of Mental Hospitals, Hospital Planning Office, Finance Unit, health boards/hospitals |
| How the identified dependencies and linkages will be managed. | Regular liaison with relevant bodies |
| Comments | The timing of the Report and Seanad Stages of the Mental Health Bill may impact on the date of publication of the Report of the Inspector of Mental Hospitals Publication of Report of Inspector of Mental Hospitals will be dependant on timely provision of information from health boards/ hospitals |

Mental Health Services

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|--|--|
| To implement the Performance Management and Development System within Division | -Appropriate training course | As dictated by availability of courses | All staff |
| | Preparation of agreed Role Profile Form | June 2001 | All staff |
| | Interim review of progress between job holder and manager | Ongoing | All staff |
| Review current organisational arrangements within Division | Division more streamlined for efficiency in prioritising objectives | February | All staff |
| To adhere to the Revised Principles of Quality Customer Service(2000) as they relate specifically to the work of the Division | Better Co-ordination - Foster a more co-ordinated approach to delivery of public service | Ongoing | All staff |
| | Ensure staff are recognised as internal customers and that they are properly supported and consulted with regard to service delivery issues | Ongoing | All staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|-----------------------|--|
| Regular meetings (monthly) in Division | Bairbre Nic Aongusa | To ensure targets indicated are achieved |
| Quarterly Reports to Assistant Secretary | Bairbre Nic Aongusa | Revised Plan |

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Department of Health and Children

Business Plans 2001

Division name: Services for Older People and Palliative Care

Division head: Alan Aylward

Divisional objectives:

1. To support the Minister and Ministers of State in the discharge of their functions.
2. To ensure that appropriate health services are available to meet the current and future needs of older people.
3. To develop policies and actions to support the operation of the Health (Nursing Homes) Act 1990 and regulations and guidelines pertaining to the Act.
4. To ensure that appropriate health services are available to meet the current and future needs of people requiring palliative care services.

Section 1

| Divisional Objective No. 1: To support the Minister and Ministers of State in the discharge of their functions. | | | | |
|--|--|---|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ongoing contact with Offices of Minister and Ministers of State and Advisors. | Liaise with health boards / agencies for relevant information. | Ensure all time specific material i.e. PQ's, speeches and briefing material are responded to on time. | All staff in Division | Submit accurate information on time. Feedback from Offices of Minister and Ministers of State. |

| Divisional Objective No. 1: To support the Minister and Ministers of State in the discharge of their functions. | |
|--|--|
| Percentage of Total Divisional Time | 60% |
| Output(s)/ Services Delivered | Keeping Minister, Ministers of State, Cabinet members, the President and all public representatives fully informed in regard to reps, PQ's and requests for briefing and speech material. |
| Dependencies/Linkages - External and Internal | Internal linkages - Offices of Minister and Ministers of State, Secretary Generals Office, Press Office, Ministerial Advisors and other Divisions within the Department. External linkages - Health Boards, ERHA, Voluntary Organisations, other Departments. |
| How the identified dependencies and linkages will be managed. | Internal - Develop protocol between Offices of Minister and Ministers of State regarding adequate notice for briefs, meetings and speeches. External - Need to improve arrangements with CEO's of Health Boards and ERHA on response times for requests for information for PQ's etc. |
| Comments | An increasing portion of time is being taken up with this aspect of the work which is inevitably effecting the capacity to deal with the other Divisional objectives. |

Division: **Services for Older People and Palliative Care**

| Divisional Objective No. 2: To ensure that appropriate health services are available to meet the current and future needs of older people. | | | | |
|---|---|-------------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Implementation of the National Development Plan. | Finalise list of priorities for 2001-2006 with health boards / ERHA and other priorities not covered by NDP. Ensure that progress is monitored on a regular basis. | April 2001 | Alan Aylward John Brady Tadgh Delaney Heather Gillis Anne O'Driscoll Michael Keegan | Achieving target dates. Ensuring progress is made on capital developments. |
| Review of development programme on services for older people. | Update position paper for possible submission of Memo to Government. Participate in and support the policies and actions being taken by the Bed Capacity Review Group and the Inter-Divisional Group on Waiting Lists / Waiting Times. | June 2001 | All staff | Complete Review of position paper by target date. |
| Prepare database of current level of services for older people. | Establish an accurate picture of current levels of services for older people in each health board / ERHA in conjunction with discussions on 2001 service plans. | July 2001 Phase I | John Brady Tadgh Delaney Heather Gillis Anne O'Driscoll Michael Keegan | Establish database. |

| Divisional Objective No. 2: To ensure that appropriate health services are available to meet the current and future needs of older people. | |
|---|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Review of Development Programme for Older People completed on time. Ensure that progress is made on capital developments under the National Development Plan. Database on services available completed. |
| Dependencies/Linkages - External and Internal | Internal linkages - Other Divisions, i.e. Finance Unit, Secondary Care, Hospital Planning Office. External linkages - Health Boards / ERHA and Department of Finance. |
| How the identified dependencies and linkages will be managed. | Set up structured communication and liaison arrangements with Health Boards and ERHA. |
| Comments | Again, the capacity of the Division to, for example, effectively manage the National Development Plan will depend on the level of other demands on staff time. |

Division: **Services for Older People and Palliative Care**

| Divisional Objective No. 3: To develop policies and actions to support the operation of the Health (Nursing Homes) Act 1990 and regulations and guidelines pertaining to the Act. | | | | |
|--|-------------------------|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Completion of Expenditure Review on Nursing Homes Subvention Scheme. | Carry out Review. | January / February 2001. | Alan Aylward Roisin Heuston Noelle Waldron Charlotte McGonigle | Review completed as indicated. |
| Review of Health (Nursing Homes) Act 1990 and regulations and guidelines pertaining to the Act in light of the above Report and forthcoming Ombudsman's Report. | Commence Review. | Ongoing. | Alan Aylward Roisin Heuston Noelle Waldron Charlotte McGonigle | Make progress on achieving improvements in the scheme. |

| Divisional Objective No. 3: To develop policies and actions to support the operation of the Health (Nursing Homes) Act 1990 and regulations and guidelines pertaining to the Act | |
|---|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Progress is made on improving the scheme through review of legislation, regulations and guidelines. |
| Dependencies/Linkages - External and Internal | Internal linkages - Finance Unit and Legal Advisor. External linkages - Department of Finance, Office of the Ombudsman, Attorney General, Parliamentary Draftsperson, Nursing Homes Organisations, Voluntary Organisations, Health Boards and ERHA. |
| How the identified dependencies and linkages will be managed. | Ongoing contact and communication with relevant parties involved in the operation of the scheme. |
| Comments | A considerable volume of work will be involved in reviewing the Nursing Home Legislation and time scales for achieving progress will depend to a large extent on how quickly legislative amendments can be processed through the system. |

Division: **Services for Older People and Palliative Care**

| Divisional Objective No. 4: To ensure that appropriate health services are available to meet the current and future needs of people regarding palliative care services. | | | | |
|--|---|--------------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To develop a comprehensive national policy for the strategic planning and development of palliative care services. | <p>Publish the Report of the National Advisory Committee on Palliative Care Services.</p> <p>Secure funding to implement the Report's recommendations, on a phased basis.</p> | <p>January 2001.</p> <p>Ongoing.</p> | Alan Aylward Tadgh Delaney Sinéad Cullen | <p>To achieve deadline as outlined.</p> <p>Making progress on the Reports recommendations.</p> |

| Divisional Objective No. 4: To ensure that appropriate health services are available to meet the current and future needs of people regarding palliative care services | |
|---|--|
| Percentage of Total Divisional Time | 5%* |
| Output(s)/ Services Delivered | Report published, preparation of development plan progressed and funding secured for implementation. |
| Dependencies/Linkages - External and Internal | <p>Internal linkages - Finance Unit, Secondary Care, Hospital Planning Office, and Medical Division.</p> <p>External linkages - Health Boards, ERHA, Committee Members, Service Providers, Irish Hospice Foundation, Voluntary Organisations.</p> |
| How the identified dependencies and linkages will be managed | Consultation, briefings, regular updates with internal and external contacts. |
| Comments | <p>The follow up to the publication of the Report on Palliative Care will add considerably to the workload of the Division and outputs will be dependant on other demands and changing priorities which may evolve in the course of 2001.</p> <ul style="list-style-type: none"> It should be noted that the remaining 15% of Divisional time is taken up with activities such as participation in project teams, meetings with interest groups, preparation of estimates, etc. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|-------------------------------|---|
| As a number of staff are new to the section, a programme of on-the-job training and specific courses is envisaged. | Better trained staff to allow them to become more effective and fulfilled. | Ongoing. | All staff. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|------------------------------|--|
| Monthly meetings in Division to be chaired by Principal. | Alan Aylward. | To ensure targets indicated are achieved and where necessary to review targets and time scales in consultation with Assistant Secretary. |

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Reporting to Mr Paul Barron

Blood Policy Division

General Hospitals Policy Division

Secondary Care

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Department of Health and Children

Business Plans 2001

Division name: Blood Policy Division

Division head: Gerry Coffey

Divisional objectives:

1. Support the Minister in the discharge of his parliamentary and statutory functions.
2. Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products.
3. Support hospital services and the Irish Blood Transfusion Service in achieving and maintaining international standards in transfusion medicine.
4. Manage the Department's input at the Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia, and related matters (Lindsay Tribunal) and implement the Tribunal's recommendations.
5. Comply with statutory and organisational requirements.

Section 1**Key: Gerry Coffey, Principal Officer = GC****Mary Hogan, Assistant Principal = MH****Susan McKiernan, Administrative Officer = SMcK****Ann McGrane, Assistant Principal = AMcG****Noreen Gibbons, Executive Officer = NG**

| Divisional Objective No. 1: Support the Minister in the discharge of his parliamentary and statutory functions | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.1 Support the Minister's accountability to the Oireachtas | 1.1.1 Ensure the Minister is provided with accurate, comprehensive and timely material to answer PQ's, adjournment debates and private members motions, Estimates debates | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Provision of material, in good time, which is acceptable to the Minister with minimal need for addition or amendment |
| | 1.1.2 Provide material for the Minister's appearance before the Dáil Committee on Health and Children and other Oireachtas committees | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Provision of briefing material, in good time, which is acceptable to the Minister with minimal need for addition or amendment |
| 1.2 Support the Minister's communications with the public and the media | 1.2.1 Ensure replies are issued to representations and other correspondence in line with the timescales outlined in the Department's Customer Services Plan | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Effective processing of correspondence within agreed timescales |
| | 1.2.2 Provide accurate, comprehensive and timely briefing material to the Minister on major issues | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Provision of briefing material, in good time, which is acceptable to the Minister with minimal need for addition or amendment |
| | 1.2.3 Liaise with the Press Office, the Department's Communications Manager and the Minister's Advisors to present the Minister's policies to the media | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Effective presentation of the Minister's policies |

| Divisional Objective No. 1: Support the Minister in the discharge of his parliamentary and statutory functions | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.3 Support the Minister in formulating policy and obtaining Exchequer funds | 1.3.1 Advise the Minister on policy issues and formulate draft policy documents | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Provision of briefing material and advice which is acceptable to the Minister with minimal need for addition or amendment |
| | 1.3.2 Provide the Minister with material to support the annual Estimates campaign | Ongoing | GC / MH / AMcG / SMcK | <input type="checkbox"/> Provision of briefing material which makes the best case for additional resources to implement policies and meet identified need |

| | |
|---|---|
| Divisional Objective No. 1: Support the Minister in the discharge of his parliamentary and statutory functions | |
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | <input type="checkbox"/> PQs, representations, speeches, briefing material, press releases, policy documents <input type="checkbox"/> National Health Strategy which incorporates strategies for the development of services for persons with Hepatitis C, and the development of transfusion medicine <input type="checkbox"/> Departmental Strategy Statement |
| Dependencies / Linkages - External and Internal | <p>Internal linkages: Minister's Office, Secretary-General's Office, Press Office, Ministerial Advisors</p> <p>External linkages: Health Boards and ERHA, voluntary hospitals, Irish Blood Transfusion Service, Consultative Council on Hepatitis C, representative groups</p> |
| How the identified dependices and linkages will be managed. | Maintain good levels of communication with the external agencies in order to have comprehensive briefing and advice, and to have material for replies to PQs and representations available in a timely manner. |
| Comments | |

| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.1 Monitor and promote, in conjunction with the Health Boards / ERHA and the representative groups, the provision of nationally consistent primary care services to meet clients' needs | 2.1.1 Monitor delivery of services to promote national consistency to meet client needs by means of regular meetings and contact with the Hepatitis C Liaison Officers (health boards / ERHA) | April / Aug. / Dec. 2001 | GC / AMcG | <input type="checkbox"/> Employment of Regional Co-ordinator in the ERHA; <input type="checkbox"/> Establishment of Regional Partnership Forums; |
| | 2.1.2 Facilitate the development of new regional partnership structures between primary care providers, hospital services and support groups | April 2001 | GC / AMcG | <input type="checkbox"/> Meetings between primary care and hospital liaison officers; <input type="checkbox"/> Reduction in inconsistencies in primary care services nationally; |
| | 2.1.3 Facilitate establishment of new integrated service delivery and co-ordination structures in the ERHA | Mar. 2001 | GC / AMcG | <input type="checkbox"/> Reduction in the number of ad hoc queries from the Liaison Officers; |
| | 2.1.4 Plan and resource the strategic development of new and existing services to continue meeting identified client needs | Sept. 2001 | GC / AMcG | <input type="checkbox"/> Reduction in the number of queries from clients / representative groups regarding regional variations in services; <input type="checkbox"/> Development of national guidelines for primary care services; <input type="checkbox"/> Provision of sufficient resources to meet identified client needs; <input type="checkbox"/> Client groups' satisfaction that emerging needs for primary care services are being addressed |

| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.2 Ensure, in conjunction with the Health Boards / ERHA and the representative groups, the provision of nationally consistent hospital services to meet clients' needs | 2.2.1 Facilitate the establishment of a Hepatitis C liaison officer network in voluntary hospitals in the ERHA (similar to the health board liaison officer network) | Feb. 2001 | GC / AMcG | <input type="checkbox"/> Agreement on an effective service provider liaison mechanism in the Eastern region; <input type="checkbox"/> Reduction in the number of queries from clients and representative groups regarding hospital services; <input type="checkbox"/> Reduction in inconsistencies in hospital services nationally; <input type="checkbox"/> Adherence to the time limits laid down for new appointments, clinic waiting times and onward referrals. <input type="checkbox"/> Provision of sufficient resources to meet identified client needs. <input type="checkbox"/> Client groups' satisfaction that service user needs for hospital services are being addressed |
| | 2.2.2 Facilitate liaison between primary care and hospital Liaison Officers in the health boards and ERHA to establish a service providers' network which will integrate the delivery of community-based and hospital services. | Mar. 2001 | GC / AMcG | |
| | 2.2.3 Plan and resource the strategic development of new and existing hospital services and facilities, in conjunction with hospital managers, Directors of Hepatology Units and client support groups | Sept. 2001 | GC / AMcG | |
| | 2.2.4 Develop, in conjunction with service providers and users, methods of monitoring user satisfaction with delivery of primary care and hospital services | July 2001 | GC / AMcG | |

| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.3 Develop and implement, in conjunction with the Health Boards / ERHA and the representative groups, an education and awareness programme for service users and providers on the needs and entitlements of persons with Hepatitis C | 2.3.1 Facilitate the development of multi-disciplinary education programme for service providers in the health boards. | July 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Increased awareness by all staff of the needs and entitlements of persons with Hepatitis C; |
| | 2.3.2 Develop, in conjunction with the Consultative Council on Hepatitis C, health board Hepatitis C Liaison Officers, and using consultancy assistance where appropriate, the following material: an Information Guide to Services for Persons with Hepatitis C; a Guide to Hepatitis C for parents, young children and adolescents; advice on Counselling Services; advice on Insurance Issues | April 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Improvement in the skills and knowledge of professional healthcare staff in providing services to persons with Hepatitis C; <input type="checkbox"/> Increased awareness of client confidentiality issues among service providers; |
| | 2.3.3 Liaise with primary care and hospital service providers to ensure implementation of staff awareness measures in community services and hospitals | April 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Distribution of Information Guide to service users and providers <input type="checkbox"/> Establishment of live web site which provides useful information for service users and providers; |
| | 2.3.4 Develop a web site for the Consultative Council on Hepatitis C, in conjunction with the Department's Systems Unit | Mar. 2001 | AMcG / SMcK | <input type="checkbox"/> Conference on Hepatitis C which is well attended and meets the information requirements of service users and providers. |
| | 2.3.5 Organise conference on Hepatitis C, in conjunction with support groups, Consultative Council and health care providers | Oct. 2001 | AMcG / SMcK | |

| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.4 Support the Consultative Council in discharging its statutory functions, and ensure the implementation of the recommendations of the Review of Health Services for Persons with Hepatitis C | 2.4.1 Continue implementation of the recommendations in the Health Services Review and identify resource requirements in respect of developments in 2002 | Sept. . 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Council satisfaction with the executive structures put in place to implement the Review recommendations; <input type="checkbox"/> Acceptance by the Consultative Council of the implementation plan; <input type="checkbox"/> Sufficient funding to implement the Review recommendations; <input type="checkbox"/> Incremental progress on implementation plan; <input type="checkbox"/> Establishment of effective working relationship with the incoming Consultative Council |
| | 2.4.2 Support the executive structures and working groups established to implement the Review recommendations | Dec. 2001 | GC / AMcG / SMcK | |
| | 2.4.4 Monitor implementation of the Review in conjunction with the Consultative Council | Dec. 2001 | GC / AMcG / SMcK | |
| | 2.4.5 Provide administrative and secretarial support to the Council and implement the advice of the Council on a partnership basis | Dec. 2001 | AMcG / SMcK | |
| 2.5 Support and resource the IBTS to continue the tracing, lookback and testing programmes in respect of persons who received infected or potentially infected blood products or blood components | 2.5.1 Support and resource continued national and international efforts at tracing recipients of infected or potentially infected blood components or blood products | Dec. 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Number of people traced / tested |
| | 2.5.2 Support and monitor the implementation of the recommendations of the Expert Group on Hepatitis C into the health needs of women who received potentially contaminated Anti-D product and who did not contract Hepatitis C | Dec. 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Satisfaction of the representative groups with implementation to date |

| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.6 Address insurance difficulties experienced by persons with Hepatitis C | 2.6.1 Develop, issue and evaluate tenders, award contract for development of detailed implementation plan. | April 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Reduction in current difficulties regarding insurance facing persons with Hepatitis C; <input type="checkbox"/> Agreement of the representative groups and other interested parties with the proposals; <input type="checkbox"/> Satisfaction of the representative groups with the implementation plan |
| | 2.6.2 Ensure the development of detailed implementation plan in conjunction with the representative groups and the Department of Finance | July 2001 | GC / AMcG / SMcK | |
| | 2.6.3 Submit implementation plan to Government for approval | Sept. 2001 | GC / AMcG / SMcK | |
| | 2.6.3 Start implementation of plan | Oct. 2001 | GC / AMcG / SMcK | |
| 2.7 Provide compensation scheme for persons with haemophilia infected with HIV | 2.7.1 Prepare draft legislation following consultation with the Irish Haemophilia Society for a scheme to provide compensation to persons with haemophilia who were infected with HIV. | March 2001 | GC / MH | <input type="checkbox"/> Support by the Irish Haemophilia Society for the proposals; <input type="checkbox"/> Enactment of the legislation. |
| | 2.7.2 Introduce Bill in the Oireachtas to put the scheme into effect | April 2001 | GC / MH | |

| | |
|---|---|
| Divisional Objective No. 2: Promote and monitor appropriate health and personal support services (including compensation schemes) to meet the current and future needs of persons infected by blood and blood products | |
| Percentage of Total Divisional Time | 25% |
| Output(s)/ Services Delivered | <ul style="list-style-type: none"> <input type="checkbox"/> Implementation of the recommendations in the Review of Health Services for Persons with Hepatitis C; <input type="checkbox"/> Plan for allocation of resources in 2002 to meet identified needs for primary care and hospital services, including the recommendations of the Health Services Review; <input type="checkbox"/> Establishment of structures for liaison between primary care and hospital services for persons with Hepatitis C; <input type="checkbox"/> Detailed Implementation Plan in respect of the Report on Insurance Issues affecting Persons with Hepatitis C; <input type="checkbox"/> Establishment of Hepatitis C Liaison Officer Network for hospitals; <input type="checkbox"/> Legislation in respect of compensation scheme for persons with haemophilia who were infected with HIV; <input type="checkbox"/> Secretariat to the Consultative Council on Hepatitis C; <input type="checkbox"/> Secretariat to the Hepatology Consultants' Committee; <input type="checkbox"/> Secretariat to the Expert Group on Hepatitis C; Membership of, and secretarial assistance to, Working Groups established by the Consultative Council on Hepatitis C. |
| Dependencies / Linkages - External and Internal | <p>Internal linkages: Finance Unit, Systems Unit (re web site)</p> <p>External linkages: Representative groups (Positive Action, Transfusion Positive, Irish Haemophilia Society, Irish Kidney Association); Consultative Council on Hepatitis C, Health Boards, ERHA / voluntary hospitals, IBTS, Attorney General's Office and Counsel (re compensation scheme and proposed legislation)</p> |
| How the identified dependices and linkages will be managed. | Meetings and contacts with the following groups to agree integrated strategies to address service issues: Hepatitis C Liaison Officers, Representative Groups (Positive Action, Transfusion Positive, Irish Haemophilia Society, Irish Kidney Association), Health Boards, ERHA / voluntary hospitals |
| Comments | |

| Divisional Objective No. 3: Support hospital services and the Irish Blood Transfusion Service in achieving and maintaining international standards in transfusion medicine | | | | |
|--|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3.1 Resource the IBTS to ensure that it has the necessary expertise to implement its blood safety and quality strategies including the implementation of proven new technologies and new screening tests in line with international practice. | 3.1.1 Resource the implementation of the recommendations of the Finlay Tribunal, the Bain Report and the Service's own Development Plan | Dec. 2001 | GC / AMcG | <input type="checkbox"/> Sufficient resources for implementation of new and existing technologies; <input type="checkbox"/> Sufficient resources to implement the relevant reports; <input type="checkbox"/> Effective action programme to address deficiencies identified by the IMB; <input type="checkbox"/> Plan for the administration of the recombinant contract . |
| | 3.1.2 Respond quickly to the IBTS's requests for funding for new facilities (including Cork Centre), new technologies and new screening tests | Ongoing | GC / AMcG | |
| | 3.1.3 Review the adequacy of the action programme of the IBTS to address issues raised in the Irish Medicine Board's Annual Report to the Minister and support the IBTS in implementing this programme. | Nov. 2001 | GC / AMcG | |
| | 3.1.4 Develop plans for the relocation of the contract for recombinant products for persons with haemophilia from the IBTS to an alternative agency. | March 2001 | GC / SMcK | |

| Divisional Objective No. 3: Support hospital services and the Irish Blood Transfusion Service in achieving and maintaining international standards in transfusion medicine | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3.2 Support the development of transfusion best practice in hospitals | 3.2.1 Review progress in meeting the Department's Circular on blood safety, including the establishment of hospital transfusion committees and the appointment of Transfusion Surveillance Officers | Feb. 2001 | GC / AMcG | <input type="checkbox"/> Number of hospitals which have established transfusion surveillance committees; |
| | 3.2.2 Support, in conjunction with the Irish Blood Transfusion and the National Blood Users Group, the implementation of new guidelines on utilisation of red blood cells | Mar. 2001 | GC / AMcG | <input type="checkbox"/> Number of hospitals and health boards / health authorities which have appointed dedicated transfusion surveillance staff; |
| | 3.2.3 Review, in association with the Irish Medicines Board, the National Haemovigilance Office and the hospitals, the operation of the first full year of the National Haemovigilance Programme | April 2001 | GC / AMcG | <input type="checkbox"/> Number of hospitals and health boards / health authorities which have reviewed transfusion practice. <input type="checkbox"/> Establishment of mechanism to audit implementation of guidelines on red cell usage. |
| | 3.2.4 Support the HRB in establishing a research unit on blood utilisation | March 2001 | GC / AMcG | <input type="checkbox"/> Award of funding by HRB to high quality research projects into blood utilisation |
| | 3.2.5 Monitor, in conjunction with the IBTS and the IMB, the proppsed EU Directive on Blood Quality and Safety | July 2001 | GC / AMcG | <input type="checkbox"/> Appropriate and timely input into the development of the EU Directive on Blood Quality and Safety. |

| Divisional Objective No. 3: Support hospital services and the Irish Blood Transfusion Service in achieving and maintaining international standards in transfusion medicine | | | | |
|---|--|---------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3.3 Establish a Blood Service Consumers' Council , in line with the recommendations in the Finlay Report | 3.3.1 Complete final proposals for the terms of reference and membership of the Blood Service Consumers' Council | Mar. 2001 | GC / AMcG | <input type="checkbox"/> Agreement of blood consumers, representative groups and health professionals on remit of proposed Council. |
| | 3.3.2 Establish the Council | April 2001 | GC / AMcG | <input type="checkbox"/> Agreement with the representative groups to the Council's terms of reference and membership <input type="checkbox"/> First meeting of the Council |
| | 3.3.3 Review the terms of reference and operation of the Council following receipt of the Report of the Lindsay Tribunal | On receipt of Tribunal's report | GC / AMcG | <input type="checkbox"/> Plan to make any necessary amendments to the Council's structures. |

| | |
|---|---|
| Divisional Objective No. 3: Support hospital services and the Irish Blood Transfusion Service in achieving and maintaining international standards in transfusion medicine | |
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <input type="checkbox"/> Establishment of Blood Service Consumers Council; <input type="checkbox"/> Liaison with the HRB on Research into Blood Utilisation; <input type="checkbox"/> Update on the implementation of the Department's circular on blood safety; <input type="checkbox"/> Review of the implementation of the National Haemovigilance Programme. |
| Dependencies / Linkages - External and Internal | <p>Internal linkages: CMO and D/CMOs, Hospital Planning Office, Systems Unit (External), Finance Unit</p> <p>External linkages: IBTS, IMB, HRB, Health Boards, ERHA / voluntary hospitals</p> |
| How the identified dependices and linkages will be managed. | <p>Meetings and contacts with the following groups to agree integrated strategies to address service issues: IBTS, Health Boards, ERHA / voluntary hospitals.</p> <p>Consultation with the Department's medical staff when required. Maintain good working relationships with the Department's Hospital Planning Office, Systems Unit (External) and Finance Unit.</p> |
| Comments | |

| Divisional Objective No. 4: Manage the Department's input at the Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia, and related matters (Lindsay Tribunal) and implement the Tribunal's recommendations | | | | |
|--|--|-------------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 4.1 Manage the Department's response in fully co-operating with the Tribunal of Inquiry | 4.1.1 Provide the Tribunal with any additional documentation required and any other assistance necessary | Until completion of the Tribunal | GC / MH / NG | <input type="checkbox"/> Presentation of the Department's case to the Lindsay Tribunal |
| 4.2 Manage the Department's case to the Tribunal of Inquiry | 4.2.1 Provide assistance to the Department's staff in accessing other documents which are part of the Department's discovery | Ongoing | GC / MH / NG | |
| | 4.2.2 Liaise between the relevant officers and the Department's legal team. | Until completion of the Tribunal | GC / MH / NG | |
| | 4.2.3 Provide backup to the Department / legal team during the Department's appearance before the Tribunal | Until completion of the Tribunal | GC / MH / NG | |
| 4.3 Implementation of the recommendations of the Lindsay Tribunal | 4.3.1 Prepare implementation plan in association with the relevant parties | On receipt of the Tribunal's report | GC / MH / AMcG | <input type="checkbox"/> Completion of plan to implement the recommendations of the Lindsay Tribunal. |

| | |
|--|---|
| Divisional Objective No. 4: Manage the Department's input at the Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia, and related matters (Lindsay Tribunal) and implement the Tribunal's recommendations | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | Management of the Department's case at the Lindsay Tribunal. |
| Dependencies / Linkages - External and Internal | Internal linkages: Current and former Departmental staff who will assist the Department's legal team and be called as witnesses before the Tribunal of Inquiry External linkages: Chief State Solicitor's Office, Department's legal team, Tribunal of Inquiry |
| How the identified dependices and linkages will be managed. | Regular communication with the Department's legal team, and as required, with the Chief State Solicitor's Office. Regular contact with, and assistance for, relevant Departmental staff. |
| Comments | |

| Divisional Objective No. 5: <i>Comply with statutory and organisational requirements</i> | | | | |
|--|--|---|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 5.1 Support the Minister in developing strategic policy | 5.1.1 Participate in the development of the National Health Strategy | Timescales to be decided by the Minister | GC / MH / AMcG / SMcK | <input type="checkbox"/> Completion of National Health Strategy |
| | 5.1.2 Participate in the development of the Department's three year Strategy Statement | Timescales to be decided by the Minister | GC / MH / AMcG / SMcK | <input type="checkbox"/> Completion of the Department's Strategy Statement |
| 5.2 Management of legal issues pertaining to Hepatitis C (excluding Lindsay Tribunal) | 5.2.1 Manage the Department's response to legal actions ranging from initial contact by solicitors to final hearing or settlement. | Ongoing | GC / AMcG / SMcK | <input type="checkbox"/> Effective and timely response to legal actions from initiation to final hearing or settlement. |
| | 5.2.2 Manage the Department's role as respondent in High Court appeals against decisions of the Hepatitis C Compensation Tribunal. | Ongoing (on average once per week during the Law Terms) | GC / AMcG / SMcK | <input type="checkbox"/> Instructions to Counsel which are in line with the Department's legal strategy <input type="checkbox"/> Representation at High Court appeals |
| | 5.2.3 Support and resource the effective operation of the Hepatitis C Compensation Tribunal | Sept. 2001 | GC / AMcG / SMcK | <input type="checkbox"/> Allocation of sufficient funding to cover Tribunal awards, and administrative costs <input type="checkbox"/> Maintenance of Tribunal membership at the necessary levels <input type="checkbox"/> Maintenance of Tribunal admin. staffing at the necessary levels <input type="checkbox"/> Dissemination of information to the Tribunal in relation to relevant High Court judgements |

| Divisional Objective No. 5: Comply with statutory and organisational requirements | | | | |
|--|---|--|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 5.3 Manage the Division's statutory obligations | 5.3.1 Process requests made under the Freedom of Information and Data Protection legislation within the statutory timescales. | As required | GC / MH AMcG / SMcK | <input type="checkbox"/> Completion of all FOI and Data Protection requests within statutory timescales |
| 5.4 Manage the Division's organisational obligations | 5.4.1 Implement the Performance Management and Development System | July 2001 | GC / MH AMcG / SMcK | <input type="checkbox"/> For each member of staff: <ul style="list-style-type: none"> • completion of PMDS training; • completion of Role Profile Form; • completion of performance review; • completion of personal training and development plan. |
| | 5.4.2 Complete the Division's Business Plan for 2001, and monitor achievement of key performance indicators and targets. | Feb. 2001 (monitor monthly / quarterly) | GC / MH AMcG | <input type="checkbox"/> Completion of Business Plan for Division <input type="checkbox"/> Completion of monthly and quarterly reviews |

| Divisional Objective No. 5: Comply with statutory and organisational requirements | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | <input type="checkbox"/> National Health Strategy <input type="checkbox"/> Departmental Strategy Statement <input type="checkbox"/> Business Plan for 2001 <input type="checkbox"/> Role Profile Forms for each member of staff <input type="checkbox"/> Personal Development and Training plans for each member of staff <input type="checkbox"/> Legal strategy and response to legal actions <input type="checkbox"/> Attendance at High Court <input type="checkbox"/> Effective operation of the Hepatitis C Compensation Tribunal <input type="checkbox"/> Responses to FOI and Data Protection requests |
| Dependencies / Linkages - External and Internal | <p>Internal linkages: Minister's Office, Secretary-General's Office, Ministerial Advisors, FOI Unit, Strategic Policy Division and Change Management Team, Intra-departmental working group(s).</p> <p>External linkages: Chief State Solicitor's Office, Department's Counsel, Hepatitis C Compensation Tribunal</p> |
| How the identified dependices and linkages will be managed. | <p>Maintain good levels of communication with the internal and external agencies</p> <p>Participate actively with other Divisions in the development of the National and Departmental Strategies.</p> |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|-------------------------------|---|
| Maintain staffing numbers at a sufficient level to meet business objectives | Achievement of the performance indicators identified in the Business Plan | Ongoing | All staff |
| Maintain and improve staff motivation and skills | Staff training in areas relevant to general administrative matters and the day to day work of the section | Ongoing | All staff |
| Implementation of the Performance Management and Development programme | Staff training in the operation of the Performance Management and Development programme | June 2001 | All staff |

Section 3

Business Plan Implementation

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|--|
| <p>Monthly meetings chaired by Head of Division</p> <p>Quarterly meetings with Asst. Sec. and production of Status Report for the MAC</p> | <p>GC / MH/ AMcG</p> | <p>Monthly:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report on progress in meeting the target dates and performance indicators identified in the Business Plan <input type="checkbox"/> Action points to address issues identified in the monthly Progress Report <p>Quarterly:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Status Report for MAC <p>When Required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Update to the plan to reflect new objectives and emerging priorities which may arise during the course of the year |

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Department of Health and Children

Business Plans 2001

Division Name: Acute Hospitals Division

Principal Officer: Joseph Cregan

Divisional Objectives:

1. Support the Minister in the discharge of his functions relating to acute hospital policy and the provision of acute hospital services.
2. Support and monitor the strategic development of acute hospital services in the Mid-Western, South Eastern, Southern and Western Health Boards.
3. Support and monitor the implementation of the National Cancer Strategy
4. Support and monitor the implementation of the Waiting List Initiative
5. Co-ordinate management of the casemix system at national Level and support its operation in relevant agencies
6. Comply with statutory and other organisational requirements, (including contributing to development of new Health Strategy)

Section 1

| Divisional Objective No. 1: Support the Minister in the discharge of his functions regarding issues related to the provision of hospital services. | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.1 Process parliamentary-related work | Preparation of material for PQs; debates; Oireachtas speeches and briefing | Ongoing | All | Good quality PQs, briefing, Dail speeches submitted within deadlines. |
| 1.2 Process Ministerial representations | Enquire and reply to Ministerial representations | Ongoing | All | Response to representations within timeframe set out in the Customer Service Plan |
| 1.3 Press Office Support | Preparation of press releases; responses to press queries; and research, draft and submit speeches for the Minister for occasions | Ongoing | All | Timely production of Speeches, press releases and press statements which are of a quality as to require minimum amendment and acceptable to the Minister |
| 1.4 Participate in Service Plan reviews, Estimates preparation and budgetary cycle. | Review Health Board Service Plans | January /February | PO/APs/ HEO's | Comments on Service Plans provided to Planning and Evaluation Unit |
| | Request, receive, co-ordinate, and submit to Finance Unit prioritised proposals from Health Agencies for the development of hospital services in 2002. | 2nd Quarter | | Prioritised submissions from Health Boards Briefing Material for Finance Unit |
| | Assist Finance Unit in the negotiations with the Department of Finance on the Estimates for 2002 | 3rd Quarter | | Prioritised service developments proposals. |
| | Discuss with Health Agencies priorities within agreed additional funding provided. | 3rd Quarter | | Input into letters of determination in respect of hospital services |
| | Distribute and allocate additional funding provided for 2002 to agencies in letters of determination for 2002 | 4th Quarter | | |
| 1.5 Participate in Bed Capacity Review | Participate in Steering Group and provide material as required. Undertake tasks as required. | Throughout 2001 | PO/AP/ HEO | Completion of Bed Capacity Review |

Acute Hospitals Division

| Divisional Objective No. 1: Support the Minister in the discharge of his functions regarding issues related to the provision of hospital services. | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.6 Represent Department on Comhairle na nOspideal | Assess proposals regarding Consultant appointments. Attend and participate in monthly meetings and working groups | Meeting every month | PO | Input into the Consultant staffing levels in health agencies |

| Divisional Objective No. 1: Support the Minister in the discharge of his functions regarding issues related to the provision of hospital services. | |
|---|---|
| Percentage of Total Divisional Time | 35% |
| Output(s)/ Services Delivered | Implementation of Ministerial priorities and responsibilities Contribution to the Letters of determination 2002 Contribution to Departmental policy formulation Dissemination of Departmental/Ministerial policies in the provision and development of acute hospital services |
| Dependencies/Linkages - External and Internal | <i>External:</i> Dail Office; health agencies and hospitals, Department of Finance, Comhairle na nOspideal <i>Internal:</i> Minister's office and advisers; Press Office;Legal Adviser; Planning Unit; Change Management Team; IMU; HPO; Finance Unit; Personnel |
| How the identified dependencies and linkages will be managed. | Regular review; statistical analysis of throughput, communication with other divisions in the Department and other Departments as required. |
| Comments | See comments under Objective 5 |

Acute Hospitals Division

| Divisional Objective No.2: Support and monitor the strategic development of acute hospital services in the Mid-Western, South Eastern, Southern and Western Health Boards. | | | | |
|---|--|--|-------------------------------|---|
| Steps to achieve objective | Specific actions | Target completion date | Person (s) responsible | Key Performance Indicators |
| 2.1 Processing and ongoing monitoring and evaluation of annual service plans from MWHB, SEHB, SHB, and WHB | <ul style="list-style-type: none"> - Assessment of Service Plans - Approval of Consultant Posts - Meetings with agencies to review progress against targets - Review of IMR's and development of other agreed evaluation protocols across division - Liaison with Finance Unit, IMU and Casemix Units and other divisions as required | January Feb/March Apr/Sept Monthly As issues arise | All Staff | Completion on time |
| 2.2 Review Activity, Revenue Expenditure and NDP Expenditure in the Hospital Sector | | | | |
| 2.3 Participate in hospital project teams as appropriate | Attendance at hospital project team meetings | Ongoing | PO/APs/ HEOs | The development of major capital projects at hospital campuses |
| 2.4 Secure agreement on the reorganisation of hospital services in Cork | Participate in Top Level Steering Group for Cork Hospitals intergration | March | JC | Agreement between parties in relation to the future organisation of hospital services in Cork |
| 2.5 Assist in the transfer of Portiuncula to Western Health Board | Commission review of potential liabilities. .Examine review when received .In conjunction with the WHB progress transfer dependent on findings of review | February April May | JC/HH | Transfer of Portiuncula to the Western Health Board |
| 2.6 Assist in the transfer of maternity hospital services from Bons Secours Cork to SHB | .Participate in tripartite discussions with the SHB and the Bons Secour Hospital | Ongoing | JC/RB | Agreement on the protocol for the transfer of obstetric services to new facilities in CUH |
| 2.7 Support the continued development of links between MWHB (Regional Hospital Limerick) and St John's | | Ongoing | JC/HH | Formal arrangements in relation to the links between both hospital |

Acute Hospitals Division

| Divisional Objective No.2: Support and monitor the strategic development of acute hospital services in the Mid-Western, South Eastern, Southern and Western Health Boards. | | | | |
|---|-------------------------|-------------------------------|-------------------------------|-----------------------------------|
| Steps to achieve objective | Specific actions | Target completion date | Person (s) responsible | Key Performance Indicators |
| 2.8 Liaise with Finance Unit re site acquisition issues | | Ongoing | JC/RB | |

Acute Hospitals Division

| | |
|---|---|
| Divisional Objective No. 2: Support the strategic development of acute hospital services in the Mid-Western, South Eastern, Southern and Western Health Boards | |
| Percentage of Total Divisional Time | 20% |
| Output(s)/Services Deliveredq | Orderly delegation of management and planning responsibilities to health agencies Regional co-ordination of hospital services Individual Hospital Planning Briefs |
| Dependencies/Linkages - External and Internal | HPO; Finance Unit; health agencies |
| How the identified dependencies and linkages will be managed | Regular review; project team meetings |
| Comments | |

Acute Hospitals Division

| Divisional Objective No. 3: Support and monitor the implementation of the National Cancer Strategy | | | | |
|--|--|------------------------|-----------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 3 Assist implementation of the National Cancer Strategy and contribute to the development of policies relating to cancer services. | Review Service Plans for 2001 in relation to the National Cancer Strategy | 1st Quarter 2001 | PO/HEO | Phased implementation of national Cancer Strategy objectives |
| | Allocate funding provided by the estimates process for the implementation of the cancer strategy in 2002 | Ongoing as required | | |
| | Participate in and contribute to the work of the National Cancer Forum | | | |
| | Arrange quarterly meetings and provide secretarial services to National Cancer Forum | | | |
| | Support Forum working groups | | | |
| | Monitor the Implementation of the Symptomatic Breast Disease Report | | | Phased implementation of Report |
| | Participate in and contribute to Radiotherapy Review Group | | | |
| | Participate in North-South cross border contact group re co-operation in relation to radiotherapy services | | | |
| | Liaise with implementation Palliative Care Working Group | | | |
| | Liaise with BreastCheck screening programme | | | |
| | Develop cancer information and audit requirements policy | | | |
| | Liaise with National Cancer Registry and agree future role and development | | | |
| | Participate in NCI all island research initiative | | | |

Acute Hospitals Division

| Divisional Objective No. 3: Support and monitor the implementation of the National Cancer Strategy | |
|---|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Letters of determination for 2002 with funding for National Cancer Strategy. Continued Implementation of Government Policies on cancer. Publication of Radiotherapy Services Working Group Report Further implementation of Symptomatic Breast Treatment Report. |
| Dependencies/Linkages - External and Internal | Health Agencies; Medical Division |
| How the identified dependencies and linkages will be managed. | Interdivisional Monthly review meetings with Chairman of the National Cancer Forum; Quarterly meetings of National Cancer Forum |
| Comments | The continued support for the implementation of the National Cancer Strategy will contribute to the achievement of the Department's Strategy Statement which includes a commitment to promote and monitor the development of an equitable hospital service. |

Acute Hospitals Division

| Divisional Objective No. 4: Support and monitor the implementation of the Waiting List Initiative | | | | |
|---|---|---------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2 Assist implementation of the Waiting List Initiative and contribute to the development of waiting list strategy | Review service plans in relation to Waiting List Proposals | Ongoing | PO/AP | Production of quarterly waiting list reports within six weeks of end of last quarter |
| | Monitor activity under the Waiting List Initiative | | | |
| | Liaise with agencies re waiting list returns | | | |
| | Publish quarterly reports on waiting lists | | | |
| | Arrange regular meetings of Departmental waiting list monitoring group | | | |
| | Complete work of working group on validation and waiting times | | PO/AP's | |
| | Allocate waiting list funding (1) 2001 held back (2) 2002 Agreed level on foot of estimates process | (1) 2nd Quarter (2) December | | |
| | Issue revised guidelines and redesigned forms as required | | | |
| | Respond to enquiries re waiting list performance | | | |
| | Liaise with bed capacity review | | | |

Acute Hospitals Division

| Divisional Objective No. 4: Support and monitor the implementation of the Waiting List Initiative | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Letters of determination for 2002with funding for Waiting List Initiative. Continued implementation of Government Policies on Waiting Lists through acute hospital waiting list performance. Revised guidelines |
| Dependencies/Linkages - External and Internal | Health Agencies; Medical Division |
| How the identified dependencies and linkages will be managed. | Interdivisional waiting list group; |
| Comments | The continued support for the implementation of the Waiting List Initiative will contribute to the achievement of the Department's Strategy Statement which includes a commitment to promote and monitor the development of an equitable hospital service. |

Acute Hospitals Division

| Divisional Objective No. 5: Co-ordinate management of the casemix system at national level and support its operation in relevant agencies | | | | |
|--|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 5.1 Co-ordination and operation of Casemix Programme | <p>Hold meetings of casemix coordination group</p> <p>Liaise with health agencies and casemix coordinators</p> <p>Organise casemix seminars for health agencies as required</p> <p>Negotiate work plan with ESRI and review on a quarterly basis</p> <p>Administer HIPE and casemix budgets</p> <p>Liaise with Finance Unit re calculation of casemix budgetary adjustments</p> <p>Provide casemix analysis for service units/divisions on request</p> <p>Provide casemix input to bed capacity review</p> | Ongoing | CG | <p>Quality of data/ management reports;</p> <p>Responses within budgetary cycle timetable</p> |
| 5.2 Develop the Casemix Programme | Agree future development of cost weights | when? | | |
| | Undertake day case project | “ | | |
| | Undertake Dublin maternity project | “ | | |
| | Undertake rehabilitation project | “ | | |
| | Undertake paediatric project | “ | | |
| | Review management reports from IMU and HPO | Ongoing | PO/APs | Regular assessments of performance of hospitals relating to activity and expenditure |

Acute Hospitals Division

| | |
|--|---|
| Divisional Objective No. 5: Co-ordinate management of the casemix system at national level and support its operation in relevant agencies | |
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Coordination of casemix activity Assessment/review of IMR information Assessment/review of NDP position |
| Dependencies/Linkages - External and Internal | <i>External:</i> ESRI;3M /Solon , Health agencies <i>Internal:</i> IMU; Medical Division;Finance Unit |
| How the identified dependencies and linkages will be managed. | Casemix Technical Group |
| Comments | |

Acute Hospitals Division

| Divisional Objective No. 6: Comply with statutory and organisational requirements | | | | |
|--|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 6.1 Participate in development of a new national Health Strategy | Attend MAC/PO meetings Participate in working groups as required Contribute to policy statement on acute hospital service development | 1st Half of 2001 | PO | Health Strategy will incorporate policies in relation to the development of acute hospital services |
| 6.2 Contribute to the development of a new Departmental statement of strategy | Participate in working groups as required Contribute to development of policy objectives for the provision of acute hospital service | 2nd half of 2001 | PO | Statement of strategy for the Department will include high level policy objectives for acute hospital services |
| 6.3 Comply with FOI requirements | Respond to FOI requests and appeals | Ongoing | APs/PO on appeal | 100% response rate within FOI deadlines |
| 6.4 Participate in SMI implementation including PMDS and change management initiatives | Attendance at training sessions Preparing individual role profiles Discussing/agreeing role profiles | Through out 2001 | POs/APs/HEOs | Individual Role Profiles agreed |
| 6.5 Participate in formulation of a National Health Information Strategy | Participate in Steering Group | Ongoing | PO | Production of a National Health Information strategy |
| 6.6 Participate in interdivisional group on the implementation of the Cardiovascular Health Strategy | Participate and contribute to the interdivisional group and in particular a Comhairle na nOspideal working group with on the development of consultant cardiology posts | | PO | |
| 6.7 Operate as competent authority in relation to EU Directives on Medical Devices | Carry out registration and vigilance reporting functions | Ongoing | AP/HEO | Processing of applications and vigilance reports without backlogs |
| 6.8 Transfer the role of competent authority under EU Directives to the Irish Medicines Board | Obtain legal advice as to the procedure required to effect transfer of function of Competent Authority | February /March | | |
| | Draft Aide Memoire to Government re: proposal to transfer of executive functions to the IMB | February /March | | Aide Memoire to Government or other approach agreed |
| | Agree transfer process and timetable with IMB | March-June | | Plan for the orderly transfer of functions |
| | Draft Statutory Instrument to effect transfer | May | | Statutory Instrument signed by Minister |
| | Assign notified body functions under IVD Directive to NSAI | December | | Orderly assignment of functions |

Acute Hospitals Division

| Divisional Objective No. 6: Comply with statutory and organisational requirements | | | | |
|--|---|-------------------------------|------------------------------|------------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| | Inform and consult with industry on changes | 2nd Half of 2001 | | Agreement with industry on changes |
| | Participate and contribute to EU and other international fora | As required | | |

| Divisional Objective No. 6: Comply with statutory and organisational requirements | |
|--|--|
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | FOI replies Individual role profiles under PMDS Medical Device Registration Medical Devices Vigilance reports Medical Devices Free sale certificates Statutory Instrument Aide Memoire for Government |
| Dependencies/Linkages - External and Internal | Internal - FOI Unit, Medical Division, HPO, Legal Adviser External - Information Commissioner, EU, IMB, NSAI, Department of Finance; Daíl office |
| How the identified dependencies and linkages will be managed. | Regular Review |
| Comments | <p>Complying with accountability (parliamentary, media and public), statutory and organisational requirements in relation to local/individual issues can be very time consuming.</p> <p>The nature of the enquiries fall under the following general headings, parliamentary accountability, communications with the media and public, policy issues, statutory and organisational requirements,</p> <p>Information/replies are provided using the best principles of quality customer service i.e. clear, timely and accurate.</p> <p>The ability of the Division to concentrate upon the strategic development of general hospital policies is affected by the time consuming nature of this work.</p> |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---------------------------------|--|--|
| 1. Maintain staffing at levels sufficient to meet objectives 2. Implement P.M.D.S 3. Support individual training requirements | Enhanced divisional performance | Ongoing and vacancies filled as they arise | All Staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|---------------------------|---|
| Divisional monthly review of Business Plan | All | Updated progress reports/agreed work schedules (priorities) |
| Quarterly reports to Assistant Secretary | Joseph Cregan | Progress reports to Assistant Secretary |
| Quarterly review with Secretary General | Paul Barron/Joseph Cregan | Progress reports and agreed changes having regard to progress during the year |

Department of Health and Children

Business Plans 2001

Division name: Acute Hospitals Division (1)

Divisional objectives:

1. Support the Minister in the discharge of his functions relating to acute hospital policy and provision of acute hospital services.
2. Support and monitor the strategic development of acute hospital services in ERHA, NE, NW AND MHB.
3. Co-ordinate National Review of Bed Capacity.
4. Support and monitor emergency planning and development of ambulance services.
5. Support establishment of Organ Retention Inquiry and preparation of quality assurance regulatory framework.
6. Comply with statutory and organisational requirements (including contributing to development of new Health Strategy.)

Section 1

| Divisional Objective No. 1: SUPPORT THE MINISTER IN THE DISCHARGE OF HIS FUNCTIONS RELATING TO ACUTE HOSPITAL POLICY AND PROVISION OF ACUTE HOSPITAL SERVICES. | | | | |
|---|--|------------------------|---------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1.1 Processing of Parliamentary work and public representations | Liaison with health agencies, other bodies and relevant Divisions within the Department to facilitate preparation of requested material; attendance at meetings with Minister as required and liaison with Ministerial advisors | Ongoing | All staff in the Division | Meeting deadlines; compliance with the principles of Quality Customer Care. |
| 1.2 Participate in Ministerial led initiatives to foster cross-border co-operation | -Develop North/South co-operation in pre- hospital care and ambulance services. Participate in joint working group. -Develop North/South co-operation in emergency planning. Participate in joint working group. -Develop North/South co-operation in acute hospital services. Participate in joint working group. | Ongoing | PO AP | Attainment of specified objectives |
| 1.3 Press Office Support | Response to media requests for information; Preparation of press releases | Meeting deadlines | PO APOs | Timely response to queries |

| | |
|---|--|
| Divisional Objective No. 1: SUPPORT THE MINISTER IN THE DISCHARGE OF HIS FUNCTIONS RELATING TO ACUTE HOSPITAL POLICY AND PROVISION OF ACUTE HOSPITAL SERVICES. | |
| Percentage of Total Divisional Time | 40% |
| Output(s)/ Services Delivered | Timely and satisfactory response to Parliamentary business, public representations and such other requests generated by the political system and general public and international organisations. |
| Dependencies/Linkages - External and Internal | <p>External: Health agencies, other bodies (national and international), including other Government Departments</p> <p>Internal: Minister's Office, including Press Office and Ministerial Advisers; Office of the Secretary General; CMO's Office; other Divisions as required</p> |
| How the identified dependices and linkages will be managed. | <p>External: Ongoing communication with health agencies and other bodies to ensure supply of timely and accurate information to enable Division to discharge its function</p> <p>Internal: Cross-Divisional interface</p> |
| Comments | <p>The amount of time to be devoted to servicing Objective 1 will be influenced by factors outside the Division's control, e.g. volume of PQ's, Representations, breaking crises etc. The attainment of targets will also be influenced by factors including:</p> <ul style="list-style-type: none"> - amount of advance notice - availability of key internal and external contacts - inter-Divisional co-operation - availability of a full and trained staff complement |

| Divisional Objective No. 2: SUPPORT AND MONITOR THE STRATEGIC DEVELOPMENT OF ACUTE HOSPITAL SERVICES IN ERHA, NE, NW AND MHB. | | | | |
|--|--|---|-----------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.1 Processing, monitoring and evaluation of service plans from ERHA, NEHB, NWHB, MHB | <ul style="list-style-type: none"> - Assessment of Service Plan - Approval of Consultant Posts - Meetings with agencies to review progress against targets - Review of IMR's and development of other agreed evaluation protocols across division - Liaison with Finance Unit, IMU and Casemix Units and other Divisions as required. | January Feb/Mar (assuming receipt of proposals) Mid Year Quarterly As issues arise | All Staff | Completion on time |
| 2.2 Preparation of National Strategy for Renal Services | Establishment of review group; submission of findings to Minister (depending on agreed time frame for completion) | Group to be established by end April, 2001; Report - date to be determined | PO AP | Establishment of group; Completion of preliminary research by CMO's Office; Completion of Review and Report to Minister (depending on report date) |

| Divisional Objective No. 2: SUPPORT AND MONITOR THE STRATEGIC DEVELOPMENT OF ACUTE HOSPITAL SERVICES IN ERHA, NE, NW AND MHB. | | | | |
|--|---|--|-----------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 2.3 National Review of Acute Paediatric Services | Establishment of Review Group; Appointment of Consultant Group, Submission of findings to Minister (depending on agreed time frame for completion). | Establishment of Review Group by end March/April 2001. Appointment of consultant support by April/May Submission of findings to Minister (date to be determined) | PO AP | Complete within time scale |
| 2.4 Support implementation of acute hospital element of NDP | Monitoring of delivery against targets in conjunction with HPO, ERHA/Health Boards, (including exceptional representation on project teams as required); identification of revenue implications where they arise; supply requested material to Finance Unit for transmission to the Department of the Environment | Mid and end year review in conjunction with HPO | PO APOs HEOs | Agreement on needs assessment where appropriate . Completion of review against targets. Satisfy DOE monitoring requirements. |
| 2.5 Support the establishment of National Heart/ Lung Transplant Programme in line with Government commitment | Assess Report of Consultative Group (via ERHA) advising Department on quality, governance and funding requirements of programme. Submission of recommendation to Minister in conjunction with CMO's Office. Liaison with Finance Unit, HPO, Department of Finance on issues arising. | Report from Consultative Group anticipated in Mar/April 2001; evaluation and submission to Minister. | PO AP | Receipt of Consultative Group Report. Submission to Minister and follow up action as required |

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|---|---|
| Divisional Objective No. 2: SUPPORT AND MONITOR THE STRATEGIC DEVELOPMENT OF ACUTE HOSPITALS SERVICES ON IN ERHA, NE, NW AND MHB | |
| Percentage of Total Divisional Time | 28% |
| Output(s)/ Services Delivered | Development and implementation of policies and actions necessary to support the provision of an equitable acute hospital service. |
| Dependencies/Linkages - External and Internal | Internal: Ministers Office; Ministerial Advisors; CMOs Office; HPO; Finance Unit; Services for Older People; Physical and Sensory Disabilities; IMU and Personnel External: Health Agencies; other bodies (national and international); other Government Departments e.g. Department of the Environment; Defence; Finance; Foreign Affairs |
| How the identified dependencies and linkages will be managed. | Working Groups, committees and liaison with appropriate internal and external contacts |
| Comments | The attainment of these targets is contingent, inter alia, on the availability of a full and trained staff complement. Any additional workload arising under objective 1 will adversely impact on the capacity of the division to deliver in full on this objective.. |

**Divisional Objective No. 3:
CO-ORDINATE NATIONAL REVIEW OF BED CAPACITY.**

| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
|---|--|--|---------------------------------|---|
| <ul style="list-style-type: none"> - Consultation with Health Boards, Dept of Finance and Social Partners. -Review submissions from all Health Boards re: current bed capacity & perceived bed requirements. -Estimation of need for acute hospital beds based on current activity, current occupancy, waiting lists, potential changes to practice & projected demographic changes. -Objective analysis of acute hospital activity nationwide based on HIPE data | <ul style="list-style-type: none"> - Draft Report to Minister - Completion of Report - Memo to Government - Follow up discussion with Dept.of Finance, Social Partners, Health Agencies and other divisions. | <p>March 2001. April 2001 April/May 2001</p> <p>Ongoing from date of Government Decision</p> | <p>PO AP Consultant</p> | <p>Comprehensive assessment of current acute hospital activity</p> <p>Comprehensive estimation of need incorporating all relevant factors.</p> <p>Appropriate benchmarking.</p> <p>Timely completion of report.</p> |

| Divisional Objective No. 3: CO-ORDINATE NATIONAL REVIEW OF BED CAPACITY. | |
|---|---|
| Percentage of Total Divisional Time | 8% |
| Output Delivered | <ol style="list-style-type: none"> 1. Report on national bed capacity and analysis by specialty. 2. Creation of portable methodology for application in similar exercise. |
| Dependencies/Linkages - External and Internal | <p>External: Professional Orgs, Social Partners, Dept. of Finance, HBs, CSO</p> <p>Internal: Inter- Divisional e.g. Services for Older People, Persons with Physical and Sensory Disability, CMO's Office.</p> |
| How the identified dependenices and linkages will be managed. | <ul style="list-style-type: none"> - Working Groups / Policy Issues. - Cross-divisional meetings |
| Comments | <p>This is a key objective in line with Government policy and is being serviced from within the Division's existing resources supported by the services of an external Consultant. Delivery against targets will require intensive commitment on the part of the Division up to April/May 2001. As with objective 2 the amount of time to be devoted to servicing this area will be affected by an adverse shift in workload under objective 1. The 8% annualised time commitment must be viewed in this context.</p> |

| Divisional Objective No. 4: SUPPORT AND MONITOR EMERGENCY PLANNING AND DEVELOPMENT OF AMBULANCE SERVICES. | | | | |
|--|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 4.1 Examine potential for development of air ambulance services | Develop policy position on helicopter emergency medical services; Consider as required advanced training policy issues; ditto communications policy issues. Participate in Critical Incident Stress Management Group | Ongoing | PO AP | Timely response to issues |
| 4.2 Participate in Emergency Planning Process | -Participate in work of inter-departmental groups; -Issue emergency planning guidelines as appropriate; -Assess EU directives and policies on cross border emergency planning -Advise health agencies of contact personnel | Ongoing | PO AP | Efficient and effective delivery of emergency services |

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| Divisional Objective No. 4: SUPPORT AND MONITOR EMERGENCY PLANNING AND DEVELOPMENT OF AMBULANCE SERVICES. | |
| Percentage of Total Divisional Time | 4% |
| Output(s)/ Services Delivered | Development and Implementation of policies and actions necessary to ensure enhanced emergency medical services |
| Dependencies/Linka ges - External and Internal | External: Health Boards/agencies, other Government Departments and professional bodies Internal: Ministers Office, Ministerial Advisers, MAC, CMO, HPO and other divisional interest |
| How the identified dependices and linkages will be managed. | Efficient, effective communications, including meetings with relevant parties. |
| Comments | A heavy reliance on external dependices/linkages will be required if this objective is to be realised and in this context a higher input from Departmental officials may be required. See also commentary at Divisional objectives 2 and 3. |

| Divisional Objective No. 5: SUPPORT ESTABLISHMENT OF ORGAN RETENTION INQUIRY AND PREPARATION OF QUALITY ASSURANCE REGULATORY FRAMEWORK. | | | | |
|--|--|--|--------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 5.1 Support Organ Retention Inquiry (Dunne Inquiry) | <ul style="list-style-type: none"> - Facilitate establishment of Inquiry - Physical premises and office administration set up - Provision, in response to Dunne Inquiry requests, of information and evidence under Inquiry's terms of reference - ongoing servicing of organisation of Inquiry as required, e.g. funding and other liaison - Liaison with external agencies and individuals in relation to the Inquiry and its progress as required. - monitor output of independent counselling service for bereaved | -Feb 2001 -Feb 2001 Ongoing Ongoing Ongoing Ongoing | PO AP HEO | Establishment of Inquiry. Appropriate and sensitive responses from Department. |
| 5.2 Support review of legislative framework surrounding human tissue | <ul style="list-style-type: none"> - Establish specialist Review Group - Agree terms of reference - Liaison with Chairman | -March/April 2001 - Ongoing | PO AP HEO | Appointments to Review Group and commencement of Review |
| 5.3 Establishment of Health Services Accrediting Agency | <ul style="list-style-type: none"> - Preparation of enabling legislation - Submission of Memo to Government - Appointment of Board | -March 2001 - March 2001 - April 2001 | PO (Change Mgmt Team) AP | Completion of SI and memo; Government Decision; establishment of agency and appointment of Board |
| 5.4 Develop Laboratory Accreditation | Develop and implement national policy on laboratory accreditation | Commence mid-year; completion date to be determined | PO AP HEO | Introduction of laboratory accreditation |

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| Divisional Objective No. 5: SUPPORT ESTABLISHMENT OF ORGAN RETENTION INQUIRY AND PREPARATION OF QUALITY ASSURANCE REGULATORY FRAMEWORK. | |
| Percentage of Total Divisional Time | 8% |
| Output(s)/ Services Delivered | Promote improved levels of quality, accountability and open and transparent service delivery in the acute hospital sector. |
| Dependencies/Linkages - External and Internal | <p>External: Health boards/ agencies, AG's office, Professional bodies, Inquiry team, Parents Representative Groups & Individuals.</p> <p>Internal: Minister's Office, Ministerial Advisers, MAC, C.M.O., and other Individual Interests.</p> |
| How the identified dependices and linkages will be managed. | Sensitivity coupled with efficient and effective communications. |
| Comments | Initial contacts with external and internal linkages above suggest that the percentage of total divisional time afforded to objective no 5 may in fact increase significantly with the public advertisement of the commencement of the Inquiry particularly in response to political and media interest. |

| Divisional Objective No. 6: COMPLY WITH STATUTORY AND ORGANISATIONAL REQUIREMENTS (INCLUDING CONTRIBUTING TO DEVELOPMENT OF NEW HEALTH STRATEGY.) | | | | |
|--|--|---|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 6.1 Compliance with requirements under FOI Act | Response to requests received under the Act, including appeals | Ongoing | All Staff | Responses in accordance with legal timeframe |
| 6.2 Meeting international obligations | Meetings of EU Hospitals' Committee; Representation at international fora as required e.g. Council of Europe, Committees on best practice, transplantation | Quarterly | PO PO APO's | Appropriate attendance and participation |
| 6.3 Estimates and allocations process | - Co-ordinate Divisional input. - Ensure that investment proposals are informed by needs assessment, accurate costings and time frame for implementation - Liaise with Finance Unit, other Divisions and Department of Finance. - Determination of development funding by Health Board/Authority. | - March 2001 - May 2001 -Ongoing -Nov 2001 | PO AP | Submission of needs assessment to Finance Unit; decision on funding. Determination of acute hospital development funding by Health Boards/ERHA for inclusion in Letters of Determination |
| 6.4. Contribute to formulation of new Health Strategy | Participate in committees | June 2001 | All staff | Appropriate participation and quality of submissions. |

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| Divisional Objective No. 6: COMPLY WITH STATUTORY AND ORGANISATIONAL REQUIREMENTS (INCLUDING CONTRIBUTING TO DEVELOPMENT OF NEW HEALTH STRATEGY.) | |
| Percentage of Total Divisional Time | 12% |
| Output(s)/ Services Delivered | FOI Replies Individual Role/ Profiles under PMDS |
| Dependencies/Linkages - External and Internal | Internal- FOI Unit, Medical Division, HPO, Legal Advisor External- Dept. of Finance, EU Information Commissioner, Dail Office, C&AG |
| How the identified dependices and linkages will be managed. | Regular Review |
| Comments | <p>Complying with accountability (parliamentary, media and public), statutory and organisational requirements in relation to local/ individual issues can be very time consuming.</p> <p>The nature of the enquiries fall under the following general headings, parliamentary accountability, communications with the media and public, policy issues, statutory and organisational requirements.</p> <p>Information/ replies are provided using the best principles of quality customer service i.e. clear, timely and accurate.</p> <p>The ability of the Division to concentrate upon the strategic development of general hospital policies is affected by the time consuming nature of this work.</p> |

Section 2**Divisional Development Objectives**

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|---|---|
| 2.1 To implement PMDS for all staff | <ul style="list-style-type: none"> - Completion of PMDS training course - Development of agreed role profile for each member of staff - Regular review by manager/job holder - Identify and action follow up training needs | To be determined when training programme has been completed. Intention is to have system in place by mid-year across Division | All staff within Division; Change Management Team |
| 2.2 Maintain Staffing at levels sufficient to meet objectives | Replace all vacancies promptly | Ongoing | Asst. Sec. PO/AP's Personnel Unit |
| 2.3 Preparation of annual business plan | - Framework for management development | February | All Staff |
| 2.4 Enhancing and embedding partnership | - Contribute to development of partnership structures and processes | Ongoing | All Staff |
| 2.5 Promotion of organisational capability and flexibility | - Strengthen divisional capacity and adaptability in responding to consumer demands; targeted training and development of all staff | Ongoing | All Staff |
| 2.6 Develop awareness of revised Quality Customer Principles amongst all staff | Improved understanding of how QCSP should impact on service delivery | Ongoing | All Staff |
| 2.7 Support Individual Training Requirements | Enhanced Divisional Performance | Ongoing | All Staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|---|
| Divisional monitoring of business plan delivery agents and targets. | HEO | Timely reporting monthly. |
| Divisional Monthly review of Business Plan | All | Updated progress reports /agreed work schedules (priorities) |
| Quarterly reports to Assistant Secretary | PO | Progress reports to Assistant Secretary |
| Quarterly review with Secretary General | AS/PO | Progress reports and agreed changes having regard to progress during the year |

Reporting to Mr Dermot Smyth

Finance Unit

Finance Unit - Professional Accounting

Health Insurance and International Unit

Hospital Planning Office

Information Management Unit

Planning and Evaluation Unit

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Department of Health and Children

Business Plans 2001

Division name: FINANCE UNIT

VOTE/ REVENUE FUNDING/ ACCOUNTS/ ESTIMATES

Division head: DERMOT MAGAN PRINCIPAL OFFICER

Divisional objectives:

1. EURO CONVERSION
2. SMI - GENERIC MODEL DEVELOPMENT
3. HEALTH STRATEGY
4. ESTIMATES 2002/3/4
5. CORE ACTIVITIES OF UNIT
6. SYSTEM DEVELOPMENT

NOTE:

The Business Plan outlines the major issues affecting the Unit in 2001. While all of the issues are of their nature supporting the Minister, there are other day-to-day and special need issues undertaken in the direct support of the Minister.

In addition, the broad nature of the Business Plan layout does not capture the degree of detail associated with most of the core activity essential to the smooth operation of the day-to-day Departmental operations. Almost all of these are subject to strict timeframes to be met without fault.

Section 1

| Divisional Objective No. 1: EURO CONVERSION | | | | |
|--|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective RE: HEALTH BOARDS | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Monitor Health Board Operational Plans & Boards progress against plans | Monthly meeting of Euro Changeover Group & issue of Monthly Reports | Following Month | F. Prendergast | Milestone Dates |
| Test IT Conversion | Conversion of IT Systems and Test Runs | Sept. 2001 | F. Prendergast | Milestone Dates |
| General Training | Programme for all staff; local awareness | June - Nov. 2001 | F. Prendergast | Milestone Dates |
| RE: IN-HOUSE PROGRAMME | | | | |
| Review for Change | Liaison with Department of Finance & Euro Changeover Board of Ireland | Monthly | F. Prendergast H. Minogue | Milestone Dates |
| General Training | Programme for all sections/units | June - Nov. 2001 | F. Prendergast H. Minogue | Milestone Dates |
| Legislative Requirements | Ensure any Health specific legislation amendments are being dealt with by relevant units | April 2001 | F. Prendergast H. Minogue | Milestone Date |

| Divisional Objective No. 1: EURO CONVERSION | |
|--|---|
| Percentage of Total Divisional Time | APPROXIMATELY 5% MAXIMISED SEPT. TO DEC. 2001 |
| Output(s)/ Services Delivered | ALL SYSTEMS AND PROCESSES EURO COMPLIANT AND CAPABLE OF TRANSACTING BUSINESS IN EURO'S. ALL STAFF ADEQUATELY TRAINED IN THE USE OF THE EURO. |
| Dependencies/Linkages - External and Internal | CONVERSION A BUSINESS ISSUE, THEREFORE, REQUIRES CO-OPERATION OF ALL SERVICES/DIVISIONS. MOST PRESSURE ON FINANCE AND TECHNICAL SIDE OF OPERATIONS. ALSO, REQUIRES AVAILABILITY OF FINANCE AND TECHNICAL CONSULTANCIES. HEALTH BOARD AND DEPARTMENT'S TRAINING UNITS MUST BE INVOLVED. |
| How the identified dependencies and linkages will be managed. | HEALTH BOARDS REQUIRED TO MONITOR AND MANAGE THEIR AREA, INCLUDING AGENCIES UNDER THEIR AEGIS. EURO GROUPS IN PLACE, WITH STRATEGIC/OPERATIONAL PLAN. DOH&C CHAIRS OVERALL MONITORING GROUP, MEETS MONTHLY. ON-GOING LIAISON ARRANGEMENTS WITH HEALTH AGENCIES TO BE MAINTAINED MONTHLY MEETING WITH ECBI, THEREBY KEEPING ABREAST WITH PROGRESS ACROSS PUBLIC SECTOR GENERALLY REGULAR MEETINGS WITH IN-HOUSE CHANGEOVER GROUP, COVERING AREAS SUCH AS STAFF TRAINING AND LEGISLATIVE AMENDMENTS. |
| Comments | |

Finance Unit

| Divisional Objective No. 2: SMI- GENERIC MODEL DEVELOPMENT | | | | |
|---|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Establish Project Team | Finalise Team | Mid-February | H Minogue | Target Dates |
| Appoint consultants | Agree Request for Tender | Mid-February | H Minogue | Target Dates |
| Review Options | Review Consultants Report/ Approve Options | April | H Minogue | Target Dates |
| Develop Strategic Plan | Agree with MAC the most appropriate Reporting/Information Framework | May/July | H. Minogue | Target Dates |

| Divisional Objective No.2: SMI- GENERIC MODEL DEVELOPMENT | |
|--|--|
| Percentage of Total Divisional Time | 100% - full time for Team (3 posts) |
| Output(s)/ Services Delivered | Develop Financial Management Information System to support the delivery of SMI |
| Dependencies/Linkages - External and Internal | All Section / units will be required to determine individual reporting needs. Linkages to external reporting formats and IT technical developments are essential. |
| How the identified dependices and linkages will be managed. | The initiative is an integral part of the Change Management Strategy, and will be a vital part of the planning, review and evaluation process and will be linked directly to the Health Strategy objectives and policy review and evaluation. |
| Comments | <p>The Generic Model is designed to facilitate an enhanced financial management system in support of the SMI process. Current cash based systems will require significant updating or replacement to support the objective.</p> <p>The new Model will be based on accrual concepts and incorporate full costs, including depreciation and notional charges. It will support budgeting, provide management accounting information, output measurement and performance indicators. The Model must support the process of planning resource allocation, programme evaluation, management control, financial reporting, assessing performance and demonstrating Value for Money.</p> |

Finance Unit

| Divisional Objective No. 3: HEALTH STRATEGY | | | | |
|--|---|-------------------------------|--|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Membership of sub-committee's and strategy teams | Produce initial paper | Early March | D. Magan F. Prendergast | Target Date |
| Support overall initiative | Produce papers / information as requested relevant to Unit business | As requested | D. Magan F. Prendergast M. O'Neill | Target Date |

| Divisional Objective No. 3: HEALTH STRATEGY | |
|--|--|
| Percentage of Total Divisional Time | Approximately 10% - Expected to be evenly distributed |
| Output(s)/ Services Delivered | Contribute to Draft of Revised Strategy Document |
| Dependencies/Linkages - External and Internal | Availability Corporate effort Access to background information |
| How the identified dependices and linkages will be managed. | Teams responsible for specific topics. Review papers leading to discussions and options for change etc. |
| Comments | |

Finance Unit

| Divisional Objective No. 4: ESTIMATES 2002 2003 2004 | | | | |
|---|--|---|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Agree No Policy Change Estimate | Consult Service Divisions Agree submissions with MAC and Minister Submit requirement to Dept. of Finance with comprehensive supporting material Conduct negotiations with Finance reach agreement at Ministerial level | Submitted 23 May Agree in June | E O'Reilly J. Scannell | No items overlooked Submitted on time Satisfactory agreement |
| Agree Abridges Estimates Volume Provision | As above | Agree early August | E O'Reilly J. Scannell | As above |
| Agree Budget Provision | As above | Budget early November | E O'Reilly J. Scannell | As above |
| Agree Revised Estimates Provision | As above | Revised Estimates published February 2002 | E O'Reilly J. Scannell | As above |

| Divisional Objective No. 4: ESTIMATES 2002 /3 /4 | |
|--|---|
| Percentage of Total Divisional Time | 40% of specific staff and 20% of others |
| Output(s)/ Services Delivered | Agree Revenue and Capital funding levels for 2002, 2003 and 2004 based on NPC and new developments |
| Dependencies/Linkages - External and Internal | Highest levels of co-operation and support from all Divisions/Units including analysing and supporting their demand both in financial and service enhancement terms. |
| How the identified dependices and linkages will be managed. | Close communication between Finance Unit and all Divisions/Units, review by MAC and Minister. Maintaining and developing good relationships with the Department of Finance at both official and Ministerial level in support of mutul interests. |
| Comments | |

Finance Unit

| Divisional Objective No. 5: CORE ACTIVITIES OF UNIT: Financial Determinations / Service Plans / Cash Management / Monitoring/ Accounting Function | | | | |
|--|--|--|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| On-going management of Financial / Service Plans | <ul style="list-style-type: none"> Yearly Determinations Assessment of Service Plans Management of Cash Monthly Monitoring | Budget Day Jan/Feb 2001 On-going On-going | F. Prendergast P. Monks | <ul style="list-style-type: none"> Meeting provisions of legislation Acceptable & effective Service Plans Operating within limits Meeting reporting deadlines |
| EU Regulations | EU Directive on Migrant Workers | <ul style="list-style-type: none"> Average Cost Paper UK Funding Agreement | E. O'Reilly P. Creedon | <ul style="list-style-type: none"> Compiling Average Cost Paper per Directive Agreeing annual re-imbursement figures |
| Effective management of workloads | Accounting and Payments Function | Weekly, Fortnightly, Monthly and Year End | B. Ryan C. McCarthy | Meeting deadlines for: - Payroll - Non-Pay (to comply with Prompt Payment of Accounts Act) |
| | Producing Department's Annual Appropriation Accounts | 31st March each year | B. Ryan C. McCarthy | Meeting deadline for submission of Annual Appropriation Accounts to Comptroller & Auditor General |
| | Hepatitis C Compensation Tribunal & other Tribunals | Ongoing | B. Ryan C. McCarthy | Legislation requires payment of awards within 28 days of receipt of acceptances by Hepatitis C Compensation Tribunal |
| | National Lottery Payments | Ongoing | B. Ryan C. McCarthy | Two tranches of payments per year |
| Support to Minister | | Ongoing | All Staff | |

Finance Unit

| Divisional Objective No. 5: CORE ACTIVITIES OF UNIT | |
|--|---|
| Percentage of Total Divisional Time | 80% |
| Output(s)/ Services Delivered | <p>Annual Determinations provided to each health board</p> <p>Clear understanding of resource core and development funding to support financial and service planning process</p> <p>Assessment process leading to verification of comprehensiveness and completeness of service plan</p> <p>On-going monitoring/reporting of financial and service plan in accordance with legislation</p> <p>Fulfilling Ireland's commitment regarding the implementation of EU Directive on Migrant Workers. Securing funding due from UK re. pensioners etc.</p> <p>Entire Accounting Function</p> <p>Annual Appropriation Accounts</p> <p>Hepatitis C Compensation Tribunal Accounts</p> <p>National Lottery Accounts</p> |
| Dependencies/Linkages - External and Internal | <p>All of the work carried out by this Unit is significantly inter-linked with the Line Division, Personnel and MAC. This Department is unique in that, together with the Health Boards, it operates within a legislative framework which is exacting regarding service planning, monitoring and overall accountability for resources used. Conforming with the terms of the legislation requires the building of an effective relationship between the Department and the Boards. The Finance Unit has, over the years, built up excellent working relationships with the Boards and the C&AG</p> <p>Internal Entire Department with a major linkage to Corporate Services (Internal Personnel)</p> <p>External Department of Finance / Revenue Commissioners / C&AG</p> |
| How the identified dependencies and linkages will be managed. | <ul style="list-style-type: none"> • Regular up-dating of Line Divisions, Personnel on Financial / Cash / Service Plan issues • Continuous co-operation with Line Divisions on implementation of policy issues, assessment of financial requirements and allocation of development resources • Continuous contact with Health Boards through monthly reports, Service Plan reviews and cash management and service plan reviews • Regular meetings with Health Board Directors of Finance, C&AG Staff • Regular reporting on Accounting • Meetings with Department of Finance Working Groups and User Groups meeting • Regular Review Process |
| Comments | <ul style="list-style-type: none"> • Maintaining an appropriate skills mix in what is a technical and innovative environment • Agencies ability to meet deadlines on reporting • No major crises to divert work plan • Encouraging staff to pursue qualifications/ further education/training • Support agencies in systems/ organisational development Plan for short-term non-replacement of vacant posts |

Finance Unit

| Divisional Objective No. 6: SUPPORT THE DEVELOPMENT OF INFORMATION SYSTEMS IN THE HEALTH BOARDS | | | | |
|--|---|---|-------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Assess and agree proposals for new/enhanced information systems in health boards | Steering Group Membership Participate in selection of <ul style="list-style-type: none"> IT Solutions Consultants financing/project staff | Achieving phased implementation in a particular board | F. Prendergast | Completion of project within time-frame and funding |
| Payroll Project Initiation | Prepare Project Plan for implementation by start of next Tax Year | Jan-Feb | H Minogue/ B Ryan/ C McCarthy | Completion of project within agreed time-frame |
| | Commence implementation | March | H Minogue/ B Ryan/ C McCarthy | Completion of project within agreed time-frame |
| | Parallel Running | May | H Minogue/ B Ryan/ C McCarthy | Completion of project within agreed time-frame |
| | Live Running | June | H Minogue/ B Ryan/ C McCarthy | Completion of project within agreed time-frame |

Finance Unit

| Divisional Objective No. 6: SUPPORT THE DEVELOPMENT OF INFORMATION SYSTEMS IN THE HEALTH BOARDS & THE DEPARTMENT | |
|---|---|
| Percentage of Total Divisional Time | 5% re. Health Boards. 100% internally for some staff |
| Output(s)/ Services Delivered | <p>Most Boards are opting for fully integrated systems to support the devolved management structures now commonplace in health boards.</p> <p>Supports the decision making process required in the current change management culture being adopted throughout health boards.</p> <p>A new payroll system which is Euro compliant and user friendly and which will provide management information not available on the current system.</p> |
| Dependencies/Linkages - External and Internal | Conversion software must be capable of transferring data from current payroll system in a usable format |
| How the identified dependices and linkages will be managed. | Input from Corporate Services (IT and Internal Personnel) is essential |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|---|---|
| <p>Conduct a Training needs analysis for the Unit</p> <p>Train staff for introduction of EURO</p> <p>Implement Performance Management and Development System</p> <p>Introduction of EXCEL/ Microsoft WORD in Unit</p> | <p>Improved staff training</p> <p>Improved morale</p> | <p>On-going</p> <p>Regular performance reviews</p> <p>EXCEL/WORD conversion by early May</p> <p>EURO training by Sept. 2001</p> | <p>D. Magan E. O'Reilly H. Minogue F. Prendergast B. Ryan</p> <p>Significant dependence on Training Unit for successful fulfillment of training objective</p> |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|----------------------------------|--|--|
| Project Group Regular Reports | D. Magan H. Minogue E. O'Reilly F. Prendergast B. Ryan | Conversion to EURO Delivery of Generic Model Reports on progress to MAC Monthly Expenditure Reports Vote Reports to Department of Finance Production of Appropriation Accounts Production of the Health Skeleton for Book of Estimates |

Department of Health and Children

Business Plans 2001

Division name: Professional Accounting

Division head: Brian Donovan

Divisional objectives:

1. Support the Minister in discharge of his functions.
2. Review Specialty Costing Returns of Hospitals participating in Casemix.
3. Maintenance and updating of the Specialty Cost Reporting Systems and Costing manual.
4. Phased Installation of accounting standards and spreadsheet in Voluntary hospitals.
5. Assessment and development of existing costing systems and methodologies.
6. Miscellaneous

Section 1

| Divisional Objective No. 1: Support the Minister in the discharge of his functions. | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Respond to requests for support | Reply to PQ's, FOI requests, briefing notes , information sessions etc. | As requested | All Staff | Compliance with: Dail PQ procedures, FOI legislation. |

| Divisional Objective No. 1: Support the Minister in the discharge of his functions. | |
|--|---|
| Percentage of Total Divisional Time | Approx. 5%. |
| Output(s)/ Services Delivered | Completed documents and services as specified above. |
| Dependencies/Linkages - External and Internal | Minister's office, Corporate services , Press office ,Systems unit (internal). |
| How the identified dependices and linkages will be managed. | Meetings as required. |
| Comments | <p>Due to the unpredictable nature of demand, it is not possible to accurately estimate the percentage time and resources .</p> <p>Resource requirements will be reviewed in monthly business plan reviews.</p> |

Professional Accounting

| Divisional Objective No. 2: Review Specialty costing returns of Hospitals participating in Casemix. | | | | |
|--|---|--|----------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Reconciliation of costs to AFS. Review costs on a year by year basis. | Issue query letters to hospitals on matters raised in review and analysis of return. | End July 2001 End July 2001 | B.Donovan F.Hughes P.Grant | Submission of Specialty Costing Returns by 32 Hospitals for 2000 costs. |
| Review costs on a group basis. Analyse costs based on hospital activity. | Meet with hospitals where problems arise. Resolve all queries and sign off on costs to be included in the casemix budget models. | End September 2001 End October 2001 | B.Donovan F.Hughes P.Grant | Agreement of costs for inclusion in casemix budget models. |
| Distribution of 1999 Specialty costs and hospital activity data to all 32 hospitals in Casemix | Collate all costing data and match it with hospital activity data to arrive at Specialty cost per cases. | End January 2001 | B.Donovan F.Hughes P.Grant | Provide hospitals with information to compare with their peers and for benchmarking. |

| Divisional Objective No. 2: Review Specialty costing returns of Hospitals participating in Casemix. | |
|--|---|
| Percentage of Total Divisional Time | Approx. 30% |
| Output(s)/ Services Delivered | Agreed costs of participating hospitals which IMU can use in the casemix budget models. Costings available per inpatient case, per bedday, per daycase, per OPD visit, per A&E attendance etc . |
| Dependencies/Linkages - External and Internal | Hospitals submitting costing returns within agreed deadlines. Hospitals responding to queries within agreed deadlines. |
| How the identified dependices and linkages will be managed. | Imposition of financial penalties for late submission of returns and queries. |
| Comments | Availability of staff with relevant skills/knowledge of Specialty Costs is essential to this process. Any changeover of staff must allow for this and a sufficient handover period, if serious problems are to be avoided. |

Professional Accounting

| Divisional Objective No. 3: Maintenance and updating of Specialty Cost Reporting Systems and Costing manual | | | | |
|--|---|--|----------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Assessment of existing reporting system and its uses | Identifying and making appropriate amendments to the reporting system. | Ongoing | B Donovan F Hughes P Grant | Reporting system available for use in Specialty Costing exercise. |
| Educating hospitals on amendments to systems | Provision of seminars for hospitals. | April 2001 | B Donovan F Hughes P Grant | Updated systems available for Seminar to be held in April. |
| Installation of updated systems in hospitals. | Visiting each hospital to install new system. | May 2001 | | |
| Update Costing manual annually. | Meet with hospitals. Incorporate audit findings in the revised costing manual. | Ongoing | B Donovan F Hughes P Grant | Revised costing manual. |
| Educate hospital on contents of manual. | Provide seminars for hospitals | April 2001 | | |
| Audit of Specialty Costing Returns. | On site audits of a sample of hospitals. | February / March & October / November 2001 | B Donovan | Audits take place to assess compliance with Costing Manual. |

Professional Accounting

| Divisional Objective No. 3: Maintenance and updating of Specialty Cost Reporting Systems and Costing manual | |
|--|--|
| Percentage of Total Divisional Time | Approx. 15% |
| Output(s)/ Services Delivered | <p>Hospitals prepare their specialty cost reporting system in a uniform manner</p> <p>Hospitals submit their specialty costing return in a standard format to facilitate comparison. and review.</p> <p>Issues raised during audit and discussions with hospitals who have been audited are used to update manual and reporting system.</p> |
| Dependencies/Linkages - External and Internal | <p>Availability of staff in this section with suitable skills for this type of work.</p> <p>Access to hospitals and key hospital staff for audit and other purposes .</p> <p>Availability and assessment of costing manuals of other countries who use casemix.</p> |
| How the identified dependices and linkages will be managed. | <p>Appropriate training to be provided as required.</p> <p>Agree suitable dates with hospitals to be audited ,so that the appropriate staff are available</p> <p>Meeting with hospitals on completion of the audit to discuss relevant issues for the coming year.</p> <p>Attendances at conferences and meetings with users of casemix in other countries.</p> |
| Comments | <p>The reporting system presently in use has been developed and updated annually from in house resources to allow for greater flexibility in amending and improving the system.</p> <p>The systems capabilities in hospitals (financial and activity) play a significant role in the content of the Costing manual. Future developments in the costings area will be dependent on improved activity systems within hospitals.</p> <p>Audits are necessary to assess the level of compliance with the guidelines in the Costing manual. Corrective action is taken where there is non compliance.</p> <p>They are also used in identifying future amendments to the manual.</p> |

Professional Accounting

| Divisional Objective No. 4: Phased Installation of accounting standards and spreadsheet in Voluntary hospitals. | | | | |
|--|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Advance notification to the hospitals of new standards for use in 2000's Annual Financial Statements | Notification to issue in phases throughout the year. | December 2001 | A Bell A Field C Moore | Submission by Voluntary Hospitals of AFS for 1999/2000 in standard format. |
| Inform hospitals of new standards and to demonstrate new system. | Provisions of seminars. | December 2001 | A Bell A Field C Moore | . |
| Visit each of the hospitals to install system | Plan visits in accordance with the availability of hospital staff Deal with issues on site which arise as a result of incorporating hospital's General Ledgers into the new accounting format. | December 2001 | A Bell A Field C Moore | |

| Divisional Objective No. 4: Phased Installation of accounting standards and spreadsheet in Voluntary hospitals | |
|---|---|
| Percentage of Total Divisional Time | Approx. 10% |
| Output(s)/ Services Delivered | Standard reporting system for all voluntary hospitals. |
| Dependencies/Linkages - External and Internal | External Co-operation of the hospitals in preparing their General Ledger so as to facilitate use of spreadsheet. Internal Availability of a Professional Accountant to fill the vacant position |
| How the identified dependices and linkages will be managed. | External Advantages to the hospital will be emphasised i.e. (1) Preparatory work on general ledger will be once off (2) Automation of accounts (including their cashflow statement) (3) DOHC personnel will visit each hospital for one to one tutorial Internal Appointment of Professional Accountant |
| Comments | |

Professional Accounting

| Divisional Objective No. 5: Assessment and development of existing costing systems and methodologies. | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Review and assess the existing cost weights used in the Casemix Budget model | Arrange to meet with Solon , the company which provides the Department with the weights | April 2001 | B Donovan | Amendments to the Instruction manual and reporting system as appropriate |
| Assess the costing methodologies used in other countries. | Initial contact has commenced with the UK and Australia with a view to further developing these links through meetings and attendance at conferences | Ongoing | B Donovan | Assessing the feasibility of creating Irish cost weights. |
| Assess the existing financial and activity systems in Irish hospitals. | Meet with hospitals to discuss same. | Ongoing | B Donovan | Identification of information deficiencies. |

| Divisional Objective No. 5: Assessment and development of existing costing systems and methodologies | |
|---|--|
| Percentage of Total Divisional Time | Approx. 15%. |
| Output(s)/ Services Delivered | Assessment as to the feasibility of generating Irish costs weights for use in the Casemix model. Sharing of information / knowledge with our counterparts in the UK, Europe and Australia . |
| Dependencies/Linkages - External and Internal | External Availability of the appropriate personnel in external agencies throughout the year. |
| How the identified dependices and linkages will be managed. | External Appropriate planning and the provision of sufficient notice. |
| Comments | |

Professional Accounting

| Divisional Objective No. 6: Miscellaneous | | | | |
|--|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| General Accounting advice to the Department | As requested | Ongoing | B Donovan | Various |
| Update DOHC Accounting standards as required | Meeting with C&AG and Health Agency's Finance directors | Ongoing | B Donovan A Bell C Moore | Issue new standards as appropriate |
| Review AFS of Health agencies subject to DOHC Accounting standards | As requested | Ongoing | B Donovan A Bell C Moore | AFS submitted to the PAC |
| Business planning. | Preparation of plan for the division | January | B Donovan | Completed Business Plan for the division |
| Health Strategies | As requested | December 2001 | B Donovan | |
| Performance Management & Development Systems. | Training ,Role profile setting, interim, ongoing and final reviews / assessments. | January to December | B Donovan F Hughes A Bell C Moore P Grant | |
| Casemix Technical Group Membership | Dealing with Casemix Issues and Developments. | Ongoing | B Donovan | |
| Economic Pricing Working Group Membership. | Health Insurance Bill. | Ongoing | B Donovan | |
| Membership of Departmental Project team on PMDS | Implementation of Performance Management & Development Systems. | Ongoing | B Donovan | |
| Continuos Professional Education/training. | As required by the Institute of Chartered Accountants (ICAI). | Ongoing | B Donovan | |
| Conferences. | Casemix Conferences. | Sep / Oct | | |
| Other Ad Hoc work | As requested | Ongoing | All staff | |
| Provision of seminars / talks to Health Boards & Agencies | As requested | Ongoing | B Donovan | |

Professional Accounting

| | |
|--|---|
| Divisional Objective No. 6: Miscellaneous | |
| Percentage of Total Divisional Time | Approx. 25%. |
| Output(s)/ Services Delivered | Various |
| Dependencies/Linkages - External and Internal | Various |
| How the identified dependices and linkages will be managed. | Various |
| Comments | <p>The items listed under this objective are items which demand time and is material enough to warrant inclusion.</p> <p>While some of this work is ongoing and planned, a lot is often unpredictable as regards timing and level of time required.</p> <p>Other issues, not mentioned above, may arise from time to time, which could lead to an amendment to this plan.</p> |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|------------------------|---|
| Identify specialised training needs for the division and acquire same | Additional skills for divisional members to improve effectiveness in the division. | Ongoing | Training Unit / External training agencies. All staff in the division. |
| Learn further about Quality Customer Service (QCS) Principles | Greater awareness and understanding of role of QCS principles and practical implications | December 2001 | Training Unit All staff in the division. |
| PMDS training for all staff | Training ,Role profile setting, interim, ongoing and final reviews / assessments. | December 2001 | External training agencies. All staff in the division. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|---|---|
| Monthly divisional meetings together with ongoing monitoring . | B Donovan, F Hughes, A Bell, C Moore, P Grant | Improved communication among divisional members and increased understanding of common issues. |
| Quarterly meetings | Assistant Secretary / Brian Donovan | Update Business Plan as appropriate |

Department of Health and Children

Business Plans 2001

Division name: Health Insurance Unit

Division head: Colm Keenan

Divisional objectives:

1. Supporting the Minister in the discharge of his functions.
2. Implementation of Government policy on the private health insurance regulatory framework, in particular relating to retention of community rating and facilitating competition in the sector.
3. Change the corporate status of the Voluntary Health Insurance Board as per the White Paper.
4. Assist in the preparation of the new Health Strategy.
5. Implementation of Performance Management & Development System and Business Planning.

Health Insurance Unit

Section 1

| Divisional Objective No. 1: Supporting the Minister in the discharge of his functions | | | | |
|--|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Effective, efficient and timely management of workloads relating to his functions. | Replying to PQs. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, P White | Replies to Sec. Gen's Office as per deadlines. |
| | Replying to Ministerial representations. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, P White | 90% of replies finalised in Unit within 20 working days of receipt. |
| | Replying to general correspondence, personal enquiries, press queries and FOI requests. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, P White | 90% of replies to general correspondence and enquiries within 20 days. Rapid turnaround of press queries in consultation with Press Office. Compliance with FOI deadlines. |
| | Preparing speeches and briefing material for the Minister and other parties. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, | Meeting requirements and deadlines as they arise. |
| | Attending meetings/events with and on behalf of the Minister. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, | Attendance and appropriate input as required. |
| | Discharge of Ministerial responsibilities under VHI and Health Insurance legislation. | Ongoing activity | C Keenan, P Barrett, M O'Connor, N Kenny, | Timeliness of appointments to VHI Board/Health Insurance Authority. Meeting requirements under relevant legislation. (e.g. appointment of membership of bodies,enabling Minister to determine matters requiring his consent, laying reports before the Oireachtas) |

Health Insurance Unit

| | |
|--|---|
| Divisional Objective No. 1: Supporting the Minister in the discharge of his functions | |
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <p>Replies to PQ's, representations, enquiries, submissions to Government. Issue of briefing material, background papers.</p> <p>Attendance at meetings, functions, briefings.</p> <p>Presentation of VHI Annual Report to Houses of Oireachtas. Responses to VHI submissions.</p> <p>Appointments to the statutory bodies concerned, as the need arises.</p> |
| Dependencies/Linkages - External and Internal | Provision of information and submissions by the Voluntary Health Insurance Board. |
| How the identified dependices and linkages will be managed. | Liaison with VHI as necessary |
| Comments | Of particular note will be the commencement of communications between the Health Insurance Authority (when established - see Divisional objective No. 2) and the Minister in relation to the Authority fulfilling its functions under the Health Insurance Act(s). |

Health Insurance Unit

| Divisional Objective No. 2: Implementation of Government policy on the private health insurance regulatory framework, in particular relating to retention of community rating and facilitating competition in the sector | | | | |
|---|---|--|---------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Establishment of Health Insurance Authority and necessary follow-up. Conferral of additional responsibilities. | Make practical arrangements for the Authority's operation as per the relevant legislation. Liaise with the Authority on the matter of increased responsibilities as envisaged under the White Paper; Liaise with other Department's and interests in the matter; Prepare Ministerial order. | Establish before end February By end year. | C Keenan, P Barrett, M O'Connor | Establishment of Authority. Order conferring additional responsibilities. |
| Enactment of Health Insurance (Amendment) Bill, 2000 | Progressing Bill through the Oireachtas. | Enactment before Summer recess | C Keenan, P Barrett, M O'Connor | Enactment of legislation. |
| Preparation and implementation of health insurance regulations. | Drafting of amended and new regulations. Consultations on draft regulations as necessary. Arrangements for implementation. | Drafting complete within six months of enactment of Health Insurance (Amendment) Bill. | C Keenan, P Barrett | Completed regulations. |
| Liaison with relevant EU authorities on revised health insurance framework. | Meetings and correspondence as necessary. | Ongoing. | C Keenan, P. Barrett | Maintenance of clear lines of communication with EU services. |
| Completion and consideration of Casemix- based risk equalisation feasibility study. | Complete and consider study by consultants. Liaise with Health Insurance Authority, actuarial advisers, insurers and others on study. | Ongoing. | C Keenan, P Barrett, M O'Connor | Progress towards the use of casemix in risk equalisation. |

Health Insurance Unit

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|---|--|
| Divisional Objective No. 2: Implementation of Government policy on the private health insurance regulatory framework, in particular relating to retention of community rating and facilitating competition in the sector | |
| Percentage of Total Divisional Time | 40% |
| Output(s)/ Services Delivered | Establishment of Health Insurance Authority(HIA), Order assigning additional functions to HIA. Enactment of Health Insurance (Amendment) Bill, Completion of revised and new regulations. Casemix Feasibility Study Report to assist determination of options for development of risk equalisation arrangements. |
| Dependencies/Linkages - External and Internal | Health Insurance Authority. Legal Advisor. Legislative process. Consultant advisors and health insurers. |
| How the identified dependices and linkages will be managed. | Co-operation and effective communication with HIA. Liaison with Oireachtas offices. Effective inter-action with consultant advisors based on close working /monitoring arrangements. |
| Comments | Success in achieving enactment of the legislation will be significantly influenced by the timetables of the Dail and Seanad. |

Health Insurance Unit

| Divisional Objective No. 3: Change the corporate status of the Voluntary Health Insurance Board (VHI) as per the White Paper | | | | |
|---|---|-------------------------------|-------------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Engaging and manage appropriate expert advice. | Finalise engagement of corporate finance and legal advisors. Organise the effective conduct of the consultancy arrangement. | Ongoing | C Keenan, P. Barrett, N Kenny | Commencement of assignment and provision of deliverables as per tender specification. |
| Have Current State Analysis undertaken. Evaluate consultants analysis/reports regarding corporate status change and make recommendations to Minister in regard to same. | Manage the exchange of information and the progress of work towards the development of proposals on optimum change for VHI. Ascertain, and provide for compliance with, any EU requirements regarding VHI corporate change. | Ongoing | C Keenan, P Barrett, N Kenny. | Advancement of analysis and development of proposals. |
| Provide for Government consideration of Minister's recommendations. | Liaison with relevant Departments. Memoranda to Government. | September | C Keenan, P Barrett, N Kenny. | Government decision on heads of legislation. |
| Initiate drafting of legislation on VHI corporate change by Office of the Parliamentary Counsel. | Provision of drafting instructions to, and close liaison with, the Office of the Parliamentary Counsel. | October | C Keenan, P Barrett, N Kenny. | Progress on preparation of Draft Bill. |

Health Insurance Unit

| | |
|---|--|
| Divisional Objective No. 3: Change the corporate status of the Voluntary Health Insurance Board (VHI) as per the White Paper | |
| Percentage of Total Divisional Time | 25% |
| Output(s)/ Services Delivered | Reports/advices from Consultants. Memoranda to Government. Heads of legislation. |
| Dependencies/Linkages - External and Internal | Consultants, VHI, other Departments and EU DG's. Government (approvals) and availability of Parliamentary Counsel. |
| How the identified dependices and linkages will be managed. | In-house review to assess progress. Ongoing liaison with VHI including involvement in consultancy Steering Group. Clear structured consultancy work plan. Discussion with EU and other Departments as necessary. Provision of expert advice to Government. |
| Comments | The consultancy project involves the provision of advice <u>jointly</u> to the Ministers for Health and Children and the Minister for Finance. |

Health Insurance Unit

| Divisional Objective No. 4: Assist in the preparation of the new Health Strategy | | | | |
|--|--|-------------------------------|---|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Participation in Strategy fora/working groups as necessary. Facilitating liaison with health insurers, as necessary. Contributing to Strategy content. | Drafting of material for inclusion. Liaison with other sections and external interests as necessary | Summer | C Keenan, P Barrett, M O'Connor, N Kenny, P White | Provision of material. |

| Divisional Objective No. 4: Assist in the preparation of the new Health Strategy | |
|---|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Inputs to Strategy deliberations. Material for inclusion in Strategy, material for use by other sections as required. |
| Dependencies/Linkages - External and Internal | Relevant Divisions/Units on Strategy preparations. |
| How the identified dependices and linkages will be managed. | Through involvement in cross-divisional discussions and Strategy preparation meetings. |
| Comments | |

Health Insurance Unit

| Divisional Objective No. 5: Implementation of Performance Management & Development System and Business Planning | | | | |
|--|--|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Sustained focus on PMDS. | Close liaison with/between all staff. Monitoring of implementation | Ongoing | C Keenan, P Barrett, M O'Connor, N Kenny, P White | Effectiveness in pursuit of divisional objectives, as per the Business Plan. Constructive inter-action between staff on personal development issues. High level participation and confidence of staff in the system. |
| Sustained focus on business planning. | As above. | Ongoing | C Keenan, P Barrett, M O'Connor, N Kenny, P White | Implementation of business plan to the greatest possible extent. Early identification of issues impeding implementation of, or requiring alteration in, the business plan. |

| Divisional Objective No. 5: Implementation of Performance Management & Development System and Business Planning | | |
|--|--|---|
| Percentage of Total Divisional Time | | 10% |
| Output(s)/ Services Delivered | | PMDS meetings and reports. Business planning meetings and reports. |
| Dependencies/Linkages - External and Internal | | Change Management Unit regarding training needs. |
| How the identified dependices and linkages will be managed. | | Liaison, as necessary on training needs. |
| Comments | | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|------------------------|--|
| PMDS training, expansion of knowledge and expertise in Unit's work area, computer proficiency. | Improved performance, service, qualifications, expertise, capacity | Ongoing | All working in Unit, Training Unit, external agencies |
| Percentage of Total Divisional Time See 5 above | | | |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--------------------------|-----------------------|---|
| Monthly in-house reviews | C Keenan | Achievement of objective, revised targets and action plans for completion of work specified in Business Plan, revised Business Plan |

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Department of Health and Children

Business Plans 2001

Division name: INTERNATIONAL UNIT

Division head: COLM KEENAN

Divisional objectives:

1. Supporting the Minister in the discharge of his functions.
2. Co-ordination of the Department's responsibilities and preparation of policy positions regarding European Union, World Health Organisation, Council of Europe and other international matters affecting health.
3. Co-ordination of the Department's responsibilities regarding health sector co-operation under the North South Ministerial Council arrangements and other responsibilities relating to North/South and East/West relations.
4. Monitoring the discharge of the Department's international obligations regarding health services for refugees and asylum seekers.
5. Assisting in the preparation of the new Health Strategy.
6. Implementation of Performance Management and Development System and Business Planning.

Section 1

| Divisional Objective No. 1: Supporting the Minister in the discharge of his functions | | | | |
|--|--|-------------------------------|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Effective, efficient and timely management of workloads relating to his functions | Replying to PQs | Ongoing | C. Keenan M. Aylward S. Barnes S. Kelly D. Mc Carthy | Replies to Secretary General's office as per deadlines. |
| | Replying to Ministerial Representations | Ongoing | C. Keenan M. Aylward S. Barnes S. Kelly D. Mc Carthy | 90% of replies finalised within Unit within 20 working days of receipt. |
| | Replying to general correspondence, personal enquiries, press queries and FOI requests | Ongoing | C. Keenan M. Aylward S. Barnes S. Kelly D. Mc Carthy A. Hodgins-Feen | 90% of replies to general correspondence and enquiries within 20 days. Rapid turnaround of press queries in consultation with press office. Compliance with FOI deadlines |
| | Preparing speeches and briefing material for the Minister and other parties | Ongoing | C. Keenan M. Aylward S. Barnes S. Kelly D. Mc Carthy A. Hodgins-Feen | Meeting requirements and deadlines as they arise. |
| | Participating in meetings/events with and on behalf of the Minister | Ongoing | C. Keenan M. Aylward S. Barnes S. Kelly D. Mc Carthy | Participation and appropriate input as required. |

International Unit

| | |
|--|--|
| Divisional Objective No. 1: Supporting the Minister in the discharge of his functions | |
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Replies to PQs, Representations, enquiries. Issue of briefing material, background papers. Participation in meetings, functions, briefings |
| Dependencies/Linkages - External and Internal | Other Divisions/Units. |
| How the identified dependices and linkages will be managed. | Maintenance of close liaisons. |
| Comments | |

International Unit

| Divisional Objective No. 2: Co-ordination of the Department's responsibilities and preparation of policy positions regarding European Union, World Health Organisation, Council of Europe and other international matters affecting health. | | | | |
|--|---|---|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Responding to and initiating exchange of information between the range of players involved in international health matters | Analysis / dissemination of material and feedback internally | Ongoing | C. Keenan M. Aylward D. McCarthy | Expanded knowledge base |
| Maintaining and developing effective Department participation in appropriate fora both national and international | Keeping abreast of national and international health related matters to which a Departmental input is necessary / desirable. Preparing a considered Departmental input to same. | Ongoing | C. Keenan M. Aylward D. McCarthy | Strengthened international contacts and relations. Membership of influential committees, working groups, etc. |
| Supporting Ministerial leadership and response in international health issues. | Preparing briefing and speaking material for Minister / Members of Government as required | Ongoing | C. Keenan M. Aylward D. McCarthy | High level input to health issues. |
| Preparation for annual meetings of WHO Assembly, and WHO Regional Committee | Participation in WHO Assembly and Regional Committee and preparation and coordination of policy positions within the Department | 14-22 May, 2001. 10 - 15 September 2001. | C. Keenan M. Aylward D. McCarthy A.Hodgins-Feen | Specific contributions to deliberations |
| Coordination of WHO issues | Analysis and dissemination of WHO material, Feedback to / from WHO on specific issues. Involvement of other Units, disciplines, organisations in meetings and briefings, Liaison with Irish Mission / D/FA. Facilitating compliance with WHO decisions and resolutions. | Ongoing | C. Keenan M. Aylward D. McCarthy | Timeliness and quality of service to relevant Department Divisions. Timeliness and quality of responses and inputs to WHO issues. |
| Preparation for bi-annual meetings of Council of Europe European Health Committee and Public Health Committee meetings | Participation in Council of Europe bi-annual meetings and preparation and coordination of policy positions within the Department | 19 -21 June, 2001. December 2001 | C. Keenan S. Barnes D. McCarthy | Specific contributions to Council deliberations |

International Unit

| Divisional Objective No. 2: Co-ordination of the Department's responsibilities and preparation of policy positions regarding European Union, World Health Organisation, Council of Europe and other international matters affecting health. | | | | |
|--|---|---|---------------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Coordination of Council of Europe issues | <p>Analysis and dissemination of Council of Europe material. Feedback to / from Council of Europe on specific issues,</p> <p>Involvement of other Units, disciplines, organisations in meetings and briefings,</p> <p>Liaison with Irish Mission / D/FA</p> <p>Facilitating implementation of Council of Europe recommendations</p> | Ongoing | C. Keenan S. Barnes D. McCarthy | <p>Timeliness and quality of service to relevant Department Divisions</p> <p>Timeliness and quality of responses and inputs to Council of Europe issues</p> |
| General coordination of other international matters affecting health e.g. UN conventions | Liaising internally and with other Departments, and participation in interdepartmental meetings, conferences, as appropriate | Ongoing | C. Keenan S. Barnes D. McCarthy | Timeliness and quality of service to relevant Department divisions. |
| Preparation for and attendance at twice-yearly meetings of EU Health Ministers Council. | <p>On-going liaison with Health Attaché, Brussels;</p> <p>Participation, as delegate, in Health Questions Group, Brussels, approx twice monthly.</p> <p>Preparation of Irish policy positions for meetings in consultation with relevant Units in the Department</p> <p>Drafting and collation of briefs for Minister, Sec General and CMO for Council meetings</p> | 30 May 2001 and Mid Dec 2001 | C. Keenan S. Kelly D. McCarthy | Timeliness and quality of briefing material and speaking notes facilitating effective contributions at meetings |
| Preparation for twice-yearly meeting of EU High Level Committee on Health | Preparing Irish position/policy papers on agenda items and preparing brief for Secretary General to attend meeting. | 1 April, 2001 and end November 2001 | C. Keenan S. Kelly D. McCarthy | Timeliness and quality of briefing material and speaking notes facilitating effective contributions at meetings |

International Unit

| Divisional Objective No. 2: Co-ordination of the Department's responsibilities and preparation of policy positions regarding European Union, World Health Organisation, Council of Europe and other international matters affecting health. | | | | |
|--|--|-------------------------------|--------------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Discharge of broad information support role in relation to EU matters. | Production of material for health insert to twice-yearly Report on Developments in the EU for publication by the Govt. | Ongoing | C. Keenan S. Kelly D. McCarthy | Timely dissemination of information and enhanced awareness among relevant parties of Irish/EU policy issues relating to health |
| | Supplying information on request to Irish MEPs attending Committee and Plenary sessions of the Parliament. | Ongoing | C. Keenan S. Kelly D. McCarthy | |
| | Analysing, distilling and circulating material received from other Depts. | Ongoing | C. Keenan S. Kelly D. McCarthy | |
| | Representing the Department at meetings in other Depts (notably D/FA) on broader EU issues. | Ongoing | C. Keenan S. Kelly D. McCarthy | |

International Unit

| | |
|---|---|
| Divisional Objective No. 2: Co-ordination of the Department's responsibilities and preparation of policy positions regarding European Union, World Health Organisation, Council of Europe and other international matters affecting health | |
| Percentage of Total | 45% |
| Divisional Time | |
| Output(s)/ Services Delivered | <p>Participation of Minister, CMO and officials (as appropriate) at international meetings.</p> <p>Participation of CMO and senior officials as members of international Committees thereby effecting Irish input to international policy-making in health areas arising at EU, WHO and Council of Europe.</p> <p>Co-ordination of effective discharge of the State's international obligations in the field of health.</p> |
| Dependencies/Linkages - External and Internal | <p>Secretariat officials of EU, WHO and Council of Europe, Permanent Representation / Embassy staff in Brussels, Strasbourg, Geneva, Copenhagen.</p> <p>Colleagues from other Member States of the international organisations</p> <p>On-going contact with Secretary General, CMO, Divisions/Units of the Department</p> <p>The timely response and input of other areas of the Dept is essential to the attainment of this Divisional Objective to best effect.</p> |
| How the identified dependices and linkages will be managed. | <p>Every effort is made to establish close co-operative working arrangements and procedures internally and externally to facilitate meeting deadlines.</p> <p>Timely provision to relevant Dept personnel of notice of international issues and initiatives in the health area.</p> |
| Comments | Unit staffing level is not considered satisfactory by reference to range and volume of workload. |

International Unit

| Divisional Objective No. 3: Co-ordination of the Department's responsibilities regarding health sector co-operation under the North South Ministerial Council (NSMC) arrangements and other responsibilities relating to North /South and East/West relations. | | | | |
|---|--|-------------------------------|--------------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Preparation for and participation in meetings of NSMC in Food Safety Promotion and Health Sector format | Meetings and liaison with relevant Dept. divisions and with: - Joint Secretariat, Armagh; - the Dept of Health, Social Services and Public Safety, Belfast; - Dept of Foreign Affairs | Ongoing | C Keenan, S. Kelly D. McCarthy | Effective Ministerial meetings. |
| Discharge of the Department's role in support of the EU Peace and Interreg funding Programmes | Inter-action with relevant parties (eg, the Special EU Programmes Body, Dept of Finance, Dept of Foreign Affairs, the Dept of Health, Social Services and Public Safety, Belfast and the Co-operation and Working Together Initiative (CAWT) | Ongoing | C Keenan, S Kelly D McCarthy | Maintenance of significant health project element in the funded programmes. |
| General support role in North South co-operation in health matters | Participation in the increasing number of meetings, seminars, information days, at request of various bodies | Ongoing | C Keenan, S Kelly D McCarthy | Increased contacts. Extended knowledge base. |

International Unit

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|---|--|
| Divisional Objective No. 3: Co-ordination of the Department's responsibilities regarding health sector co-operation under the North South Ministerial Council (NSMC) arrangements and other responsibilities relating to North /South and East/West relations. | |
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <p>Participation in meetings of NSMC in Food Safety and Health sector format and/or bilateral Ministerial meetings.</p> <p>Meetings and consultations with relevant parties involved in the Peace and Interreg EU funding Programmes.</p> <p>Representation of the Dept at seminars, conferences, workshops.</p> |
| Dependencies/Linkages - External and Internal | <p>Joint North South Secretariat, Armagh,</p> <p>Dept of Foreign Affairs</p> <p>DHSSPS, Belfast</p> <p>CAWT</p> <p>Special EU Programmes Body</p> <p>Secretary General, CMO, Principals who have areas of responsibility of interest to the NSMC</p> |
| How the identified dependices and linkages will be managed. | <p>Close co-operative working relationships and procedures with all linkages as necessary.</p> <p>Participation in meetings, seminars etc with relevant parties.</p> <p>In-house review meetings of relevant officials.</p> |
| Comments | A dedicated North/South Unit within Department (1 AP, 1 HEO, 1 CO) in accordance with the Government Decision of July 2000, should be established as soon as possible. |

International Unit

| Divisional Objective No. 4: Monitoring the discharge of the Departments international obligations regarding health services for Refugees and Asylum Seekers | | | | |
|--|--|-------------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Supporting the discharge of the Department's responsibilities with regard to Refugees and Asylum Seekers. | <p>Liaison with relevant agents regarding provision of appropriate health services.</p> <p>Liaison with D/JELR, D/FA, their agencies and other appropriate agencies.</p> <p>Maintenance of relevant information.</p> <p>Participation in interdepartmental meetings</p> <p>Participation in Refugee Agency Board meetings.</p> | Ongoing | C. Keenan M.Aylward S. Barnes D. McCarthy A.Hodgins-Fean | <p>Timely and appropriate referral of issues to relevant agents.</p> <p>Expanded knowledge base.</p> <p>Ability to access information quickly</p> <p>Departmental representation at relevant meetings</p> |

| Divisional Objective No. 4: Monitoring the discharge of the Department's international obligations regarding the health services for efugees and Asylum Seekers | |
|--|---|
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | <p>Efficient transfer of information to appropriate agents</p> <p>Liaison arrangements between external agencies and the Department</p> |
| Dependencies/Linkages - External and Internal | <p>Other Government Departments</p> <p>Units within the Department</p> |
| How the identified dependices and linkages will be managed. | <p>Identification of key agencies/personnel</p> <p>Effective communication with same as required.</p> |
| Comments | |

| Divisional Objective No. 5: Assisting in the preparation of the new Health Strategy | | | | |
|--|--|-------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Participation in Strategy fora/working groups as necessary. Facilitating effective liaison with stakeholders. Contributing to Strategy content | Drafting of material for inclusion. Liaison with other sections and external interests as necessary | Summer 2001 | C. Keenan M. Aylward S.Barnes S. Kelly D. Mc Carthy A. Hodgins-Feen | Contribution to deliberations and provision of material. |

| Divisional Objective No. 5: Assisting in the preparation of the new Health Strategy | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Strategy Meeting inputs. Material for inclusion in Strategy, material for use by other sections, as required |
| Dependencies/Linkages - External and Internal | Relevant Divisions/Units on Strategy preparation |
| How the identified dependices and linkages will be managed. | Through involvement in cross Divisional discussions and strategy preparation meetings. Close liaison arrangements |
| Comments | |

| Divisional Objective No. 6: Implementation of Performance Management and Development System and Business Planning | | | | |
|--|--|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Sustained focus on Performance Management and Development System. | Close liaison with/between all staff. Monitoring of implementation | Ongoing | C. Keenan M. Aylward S.Barnes S. Kelly D. Mc Carthy | Effectiveness in pursuit of Divisional objectives as per the business plan. Constructive interaction between staff on personal development issues. High level of participation and confidence of staff in the system |
| Sustained focus on Business Planning | Close liaison with/between all staff. Monitoring of implementation. | Ongoing | C. Keenan M. Aylward S.Barnes S. Kelly D. Mc Carthy | Implementation of business plan to the greatest possible extent. Early identification of issues impeding implementation of, or requiring alteration in, the business plan |

| Divisional Objective No. 6: Implementation of Performance Management and Development System and Business Planning | |
|--|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | <p>Performance Management and Development System meetings and reports.</p> <p>Business planning meeting and reports</p> |
| Dependencies/Linkages - External and Internal | Change Management Unit - regarding PMDS resource material and training needs |
| How the identified dependencies and linkages will be managed. | Liaison as necessary on training needs. |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|--|------------------------|---|
| PMDS training, expansion of knowledge and expertise in Unit's work area, computer proficiency and participation in language courses | Improved performance, service, qualifications, expertise, capacity | Ongoing | All in International Unit, Training Unit, CMOD, and other relevant external agencies. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--------------------------|-----------------------|--|
| Monthly in-house reviews | C. Keenan | <p>Achievement of objective, revised targets and action plans for completion of work specified in Business Plan</p> <p>Revised Business Plan</p> |

Department of Health and Children

Business Plans 2001

Division name: Hospital Planning Office

Division head: Position Vacant

Divisional objectives:

1. To advise and assist the Department and Health Agencies in Providing and maintaining the physical facilities required for the implementation of the Health Strategy.
- 2.To support the Minister
- 3.To manage expenditure within the Department's annual capital allocation and the multi-annual National Development Plan.
- 4.To develop Departmental Capacity to lead and co-ordinate a Public/Private Partnership Programme in the Health Sector within the constraints of Government Policy
- 5.To continue the implementation of the Department's SMI objectives and to initiate PMDS

Section 1

| Divisional Objective No. 1: To advise and assist the Department and Health Agencies in Providing and maintaining the physical facilities required for the implementation of the Health Strategy. | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Option appraisal | Option/ investment appraisal | as scheduled | HPO staff | Completion of study |
| Capital programme review | Examine and advise on Agencies NDP review | April 2001 | HPO staff | Completed reviews |
| Project Development | Professional Procurement advice | ongoing | HPO Staff | Planning, construction and commissioning schedule measurement |
| | Promotion of architectural quality | ongoing | HPO Staff | |
| | Promotion of integrated value for money solutions for capital investment and ongoing life cycle costs | ongoing | HPO Staff | |
| | Promotion of sustainability of built facilities | ongoing | HPO Staff | |
| | Promotion of the arts in healthcare (Government policy "Public Art - Per cent for Art schemes") | ongoing | HPO Staff | |
| Equipping healthcare buildings | Professional advice | ongoing | HPO Staff | commissioning schedule measurement |
| Health Strategy formation | To provide expert advice | as required | HPO Staff | Not applicable |
| Develop strategies for national initiatives | Strategic planning and procedures | ongoing | HPO Staff | |

Hospital Planning Office

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|---|---|
| Divisional Objective No. 1: To advise and assist the Department and Health Agencies in Providing and maintaining the physical facilities required for the implementation of the Health Strategy. | |
| Percentage of Total Divisional Time | 40% |
| Output(s)/ Services Delivered | Development options, investment studies, cost limits, construction inflation projections, Net Present Value calculations. Design Brief development. Design Team and Project Management selection. Design development, review and approval. |
| Dependencies/Linkages - External and Internal | Department's Line Divisions, Department of Finance, Department of Environment and Local Government, Health Agencies, Project Managers, Design Teams and Equipping Teams, External Agencies and Regulatory Bodies. |
| How the identified dependices and linkages will be managed. | The relevant linkages/dependencies will be managed through regular meetings and ad hoc contacts as required. |
| Comments | |

Hospital Planning Office

| Divisional Objective No. 2: To support the Minister | | | | |
|--|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Advancing sustainability agenda | Promotion of environmental management | Nov 2001 | HPO Staff | Acceptance by agencies |
| | Promoting environment and health & safety related initiatives | ongoing | HPO Staff | Implementation by agencies |
| Cost studies for development options | Estimates, Cashflow forecasts | as required | HPO Staff | Completion |
| Representing the Department on National and International Committees | National, North/South and EU Committees | ongoing | HPO Staff | Not applicable |
| Assisting in strategic planning | To provide expert advice | as required | HPO Staff | Not applicable |
| Speeches, announcements and PQ's | Assist with preparations/replies | as required | HPO Staff | Not applicable |

| Divisional Objective No. 2: To support the Minister | |
|--|--|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | Strategic Planning documentation. Physical Planning guidelines and indicative costings. Feedback and reports |
| Dependencies/Linkages - External and Internal | Department's Line Divisions, Health Agencies, Government Committees, North/South Committees and EU Committees |
| How the identified dependices and linkages will be managed. | The relevant linkages/dependencies will be managed through regular meetings and ad hoc contacts as required. |
| Comments | |

Hospital Planning Office

| Divisional Objective No. 3: To manage expenditure within the Department's annual capital allocation and the multi-annual National Development Plan | | | | |
|---|--|-------------------------------|------------------------------|---------------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Initiate review of Agencies' NDP | Issue instruction through NDP Agencies Group | Jan 2001 | HPO Staff | Complete |
| | Guidance to Agencies on Construction and Equipping inflation projections | Jan 2001 | HPO Staff | Complete |
| | Training of Health Agencies' staff in use of "QCost98" and "QCash98" | March 2001 | HPO Quantity Surveyors | Completion of three training sessions |
| Check revised Health Agencies' NDP plans | Notify indicative funding to Agencies and agree procedures with CEOs | 19th Feb.. | DCAA | Issue of letter and Agencies response |
| | Line Divisions approval to Agencies reviewed Plans | 16th March | | |
| | Validate schedules and estimates | 27th April | HPO Staff | Payment |
| Monitoring NDP spend | Expenditure comparison with cashflow forecast | ongoing | HPO Staff | monthly review |
| NDP Payments | Process payment applications | ongoing | HPO Staff | Not applicable |
| Develop NDP information and reporting system | Develop Specification and Tender documentation | April 2001 | HPO Staff | tender |
| | Appoint Software developer | Sept 2001 | HPO Staff | Contract |
| | Develop and test software | mid 2002 | HPO Staff | Final sign-off |
| Develop Financial Management systems | Revising spreadsheets, management reports | mid 2001 | HPO Staff | Final sign-off |
| Agencies to complete NDP management staffing structures | Agree overall staffing requirements for NDP with Agencies | mid 2001 | HPO Staff | Staff appointed |

Hospital Planning Office

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| Divisional Objective No. 3: To manage expenditure within the Department's annual capital allocation and the multi-annual National Development Plan | |
| Percentage of Total Divisional Time | 40% |
| Output(s)/ Services Delivered | Regular NDP Agencies group meeting. Regular NDP Expenditure Group meeting, Inflation projections. Training. Assistance with overall NDP management and individual project management. Capital allocation spend in accordance with programme. |
| Dependencies/Linkages - External and Internal | Department of Finance, Department of Environment and Local Government, Department's Line Divisions and System's Unit, Health Agencies and external consultants. Co-ordinated management of Line Divisions assessment and approval of Agencies reviewed NDPs |
| How the identified dependices and linkages will be managed. | The relevant linkages/dependencies will be managed through regular meetings and ad hoc contacts as required. |
| Comments | In the light of increased capital funding and reporting responsibilities HPO requires, as a matter of urgency, the filling of two existing vacancies and the recruitment of additional staff. |

Hospital Planning Office

| Divisional Objective No. 4: To develop Departmental Capacity to lead and co-ordinate a Public/Private Partnership Programme in the Health Sector within the constraints of Government Policy | | | | |
|---|--|-------------------------------|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Formulate PPP policy framework for the Health Sector. | (i) Formulate terms of reference for consultancy. (ii) Assess Proposals for consultancy project. (iii) Recommend consultants. (iv) Manage consultancy project | September 2001. | P.J. Kehoe. | Completion of Consultants Report in accordance with terms of reference. |
| Consider appropriate Departmental Location for PPP unit. | Examination of other Departments arrangements for PPP Management | June/July 2001. | P.J. Kehoe. | Recommendation on appropriate location of PPP function. |
| Consider appropriate staffing for PPP Unit. | Assessment of staff needs for PPP function | June/July 2001. | P.J. Kehoe. | Recommendation on staffing needs for PPP unit. |
| Recommendation on selection of pilot health PPP projects. | Consideration of selection criteria for pilot PPP projects contained in the consultants policy framework. | Last quarter of 2001. | Appropriate HPO Professional Staff. P.J. Kehoe | Recommendations on an appropriate set of pilot PPP projects. |
| Health Strategy formation | To provide expert advice | as required | Appropriate HPO Professional Staff. P.J. Kehoe | Not applicable |

Hospital Planning Office

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|---|---|
| Divisional Objective No. 4: To develop Departmental Capacity to lead and co-ordinate a Public/Private Partnership Programme in the Health Sector within the constraints of Government Policy | |
| Percentage of Total Divisional Time | 6% |
| Output(s)/ Services Delivered | PPP policy framework/ advice for health agencies. Recommendations on staffing and location of PPP function. Recommendations on Pilot PPP projects. Briefing material as required. |
| Dependencies/Linkages - External and Internal | Department of Finance. Health Agencies. Line Divisions. |
| How the identified dependices and linkages will be managed. | The relevant linkages/dependencies will be managed through regular meetings and ad hoc contacts as required. |
| Comments | Currently there is one AP working full-time on PPPs. A growing involvement with the PPP mode of procurement may well require the assignment of extra staff, together with an overall re-consideration of how the PPP idea can best be managed in the Department. Progress in achieving this Divisional Objective in the latter half of 2001 will be affected by the way in which the organisational and staffing requirements for PPP are dealt with. |

Hospital Planning Office

| Divisional Objective No. 5: To continue the implementation of the Department's SMI objectives and to initiate PMDS | | | | |
|---|---|------------------------|----------------------------------|---------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| To agree HPO role within the Department's SMI | Consult MAC | April 2001 | HPO Staff | Meeting |
| | Develop draft policy document | July 2001 | HPO Staff | |
| | Prepare operational document covering areas of devolution and accountability responsibility | December 2001 | HPO Staff | |
| Ongoing preparation of required documentation to progress devolution of non-core executive work to Agencies | Agreed list of documents to be completed in draft | ongoing | HPO Staff | Delivery to revised programme |
| Agree process and time scale with Agencies | Consult with agencies | 20,012,001 | | |
| Initiate PMDS | Complete and agree Role Profile forms and reviews | December 2001 | Assistant Secretary HPO Staff | Completion of forms and Reviews |

| Divisional Objective No. 5: To continue the implementation of the Department's SMI objectives and to initiate PMDS | |
|---|---|
| Percentage of Total Divisional Time | 4% |
| Output(s)/ Services Delivered | Policy, Documentation Completion of Role Profile forms and reviews for all HPO Staff. |
| Dependencies/Linkages - External and Internal | MAC, Health Agencies |
| How the identified dependices and linkages will be managed. | The relevant linkages/dependencies will be managed through regular meetings and ad hoc contacts as required |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|------------------------|--|
| Computer Training for HPO staff | Proficiency of HPO Administrative Staff in use of modified Financial Management Systems. | September 2001 | Appropriate training personnel |
| | Proficiency of HPO Professional Staff in use of "Qcost98" and "QCash98" | April 2001 | HPO Quantity Surveyors |
| | NDP Information and Reporting System | Late 2002 | Appropriate training personnel |
| Participation in training and continuing professional development (CPD) courses, seminars, conferences and study visits. | Expert knowledge of ongoing developments in hospital planning and construction; changes in medical practice, medical technology, operational policies, statutory/EU requirements; procurement methodology. | ongoing | HPO professional staff |
| Training and development in areas identified in the PMDS | Improved individual and team performance to create a harmonious team to achieve the divisions objectives | ongoing | All HPO Staff |
| Training session in Quality Customer principles | To assist the Division's capability to deliver the Division's objectives | March 2001 | All HPO Staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|--|---|
| Monthly Staff meeting, Quarterly review with Assistant Secretary. | Chief Architectural Adviser (position vacant), Deputy Chief Architectural Adviser, Principal Engineering Advisers, Principal Quantity Surveying Adviser, A.P. | Action lists, Revised Business Plan, Report |

Department of Health and Children

Business Plans 2001

Division name: Information Management Unit

Division head: Hugh Magee

Divisional objectives:

1. **Reports, Analyses and Requests for Data**
2. **Development of Reporting Systems**
3. **EU and International Obligations**
4. **National Health Information Strategy**
5. **Support the Minister in the discharge of his functions through the provision of up-to-date operational and health-status information**

Section 1

| Divisional Objective No. 1 Reports, Analyses and Requests for Data | | | | |
|--|---|------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| i. Produce Health Statistics Report by year-end. | Compile data and text and arrange printing. | Dec 2001 | Hugh Magee; Tim McCarthy; Claire Grant. | Report issues by year end. |
| ii. Integrated Management Returns (IMRs). | Produce monthly reports, review content and develop IMR analysis system. | Monthly reports | Pat Lynch; Claire Grant; Margaret Comerford; David Keating. | Monthly reports issue promptly. |
| iii. Hospital In-Patient Enquiry (HIPE). | HIPE analysis and extension; Oversee ESRI administration of HIPE. | Ongoing | Hugh Magee . | HIPE data available for casemix and other calculations. |
| | Appoint new HIPE Analyst. | ASAP | Tim McCarthy. | New appointment made. |
| iv. Other Surveys. | National Survey of Nursing. | Ongoing | Pat Lynch. | Reporting system. |
| | Employment Census and management and development of other surveys. | Ongoing | All Staff. | Survey reports. |
| | CSO Household Budget Survey Redistribution analysis. | June 01 | Ciara O'Shea | Develop and document new methodology. |
| | Produce European Home and Leisure Activity Surveillance System reports for 1999 and 2000 and apply for funding from EU. | April 2001 | Denise Logue-Meehan Tim McCarthy | Reports issue and financial aid received. |
| | Long-Stay Survey | Sept 01 | Ciara O'Shea; Margaret Comerford | Revision of data collection process and production of reports. |
| v. Data for Researchers, Ad-hoc Requests and PQ's | Compile and issue data in response to requests. | Ongoing | Pat Lynch; All Staff. | Responses issue promptly |
| | Manage FOI requests for information. Prepare replies for PQ's. | | | |

Information Management Unit

| Divisional Objective No. 1 Reports, Analyses and Requests for Data | | | | |
|---|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| vi. Task Forces and Working Groups. | Cardiovascular, Nursing Research, Child Health. | Ongoing | Hugh Magee; Pat Lynch. | Requirements met on time. |
| vii. Participation in preparation of new Strategy Statement. | Provide information on IMU activities to inform the Strategy Statement team. | Ongoing | Hugh Magee; Tim McCarthy. | IMU input to Strategy Statement available on time |
| viii. Participate in Health Strategy development process. | Participate in working group. | June 2001 | Hugh Magee. | Provide support to Health Strategy development process |

Information Management Unit

| Divisional Objective No. 1 | |
|--|--|
| Percentage of Total Divisional Time | 45% |
| Output(s)/ Services Delivered | Health Statistics Report; Monthly Integrated Management Returns (IMRs); ESRI to produce annual reports; HIPE datasets updated; Various reports and reporting systems and datasets; Assistance to other divisions in providing technical input, participation in Health Strategy and Strategy Statement development and facilitation of CSO surveys. |
| Dependencies/Linkages - External and Internal | <p>Internal: All Divisions within the Department have links with the IMU through use of IMU reports and analyses, supply of data to IMU and recourse to the Unit for assistance in all areas of statistical reporting, survey design and data interpretation. Special links exist with the Systems Unit given the nature of the IMU's work and with the Planning and Evaluation Unit in the context of service planning and performance measurement.</p> <p>External: Supply of data from many external agencies is essential to the production of statistical reports. In Ireland, these include health boards, hospitals, research institutes and many statutory and non-statutory health agencies. Other Government Departments, and in particular the Central Statistics Office, are important linkages. International linkages include EUROSTAT, WHO and OECD among others.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Linkages will be managed through regular contact and discussion with relevant Divisions, improved management and dissemination of information via the LAN and the continued development of data presentation software.</p> <p>External: Continued participation in EU, WHO and OECD programmes is essential to continuation of links and fostering good working relationships. The Department benefits from shared expertise and from improved international comparability for target-setting and performance measurement.</p> |
| Comments | The IMU is the focal point for statistical data and analysis within the Department. These are specialised and resource intensive functions. Increasing internal and external demands and the need for better and more timely information for monitoring, evaluation and policy formulation are the realities we face. Agreement has been reached on a further statistician being assigned to the Department from the CSO on a rotational basis. It is critical that the new assignment is made in the near future in order to meet business plan objectives and keep pace with growing demands. |

Information Management Unit

| Divisional Objective No. 2 Development of Reporting Systems | | | | |
|---|---|-------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| i.Public Health Information System (PHIS). | Test, Release and distribute Version 4 and prepare upgrades. | Early 2001 | Hugh Magee; Pat Lynch. | Version 4 released. |
| | Prepare Version 5 for release | Late 2001 | Hugh Magee; Pat Lynch. | Version 5 released. |
| ii.Casemix HIPE IMR Population System (CHIPS). | Ongoing work programming and development and system testing. | Year-end | Hugh Magee; Pat Lynch; Casemix Statisticians. | Version 1 release. |
| iii.Casemix Budget Model. | Respond to enquiries and prepare datasets for analysis and develop model. | Ongoing | Hugh Magee; Casemix Statisticians. | Analysis completed. |
| | Hospital Allocations for Year 2001. Hospital Enquiries and Post-Budget Analysis. | November 2001 | | |
| iv.Eastern Regional Health Authority Information needs. | Agree and develop new procedures to streamline data collection and dissemination. | Ongoing | Hugh Magee; Pat Lynch. | Data collection continues. |
| v.Implementation of IT consultancy. | Get senior level approval and implement recommendations. | Ongoing | Hugh Magee; Tim McCarthy; Ciara O'Shea. | Phased release of new IT structure in Information Management Unit. |

Information Management Unit

| Divisional Objective No. 2 Development of Reporting Systems | |
|--|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Further development of Management Information Systems through the implementation of CHIPS; Public Health Information and Hospital activity data available on interactive systems; Update of Casemix model; More efficient data gathering and improved data processing capabilities and timeliness |
| Dependencies/Linkages - External and Internal | <p>Internal: The development of computer-based reporting and data collection systems relies on links across the Department. The most critical links are with Finance, Secondary Care, Personnel, Systems Unit and the CMO's Office. Important links also exist with the Library, Health Promotion Unit, Community Health and a number of other Divisions. As with Objective 1, the IMU must meet the needs of the Department as a whole for collection, reporting and analysis of essential information for management.</p> <p>External: Information management and the development of reporting systems for data collection and dissemination necessarily require ongoing links with a wide range of external agencies. The establishment of the ERHA and the definition and development of its information links with the Department are of particular importance. Other links include health boards, hospitals, research institutes and many statutory and non-statutory health agencies. Other Government Departments, in particular the Central Statistics Office, are important linkages. International linkages include EUROSTAT, WHO and OECD among others.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Linkages will be managed through regular contact and discussion with relevant Divisions, improved management and dissemination of information. The development and application of management and public health reporting systems itself helps to foster links. Improved use and usefulness of information leads to better identification of data deficits and to the co-operative effort required to effect and maintain improvements.</p> <p>External: Links will be maintained by regular contact with the agencies that provide data to the IMU. The furthering of the work of the National Health Information Strategy (see objective 4) will also facilitate and improve contacts with an extended range of agencies. The existing strong links will be maintained with agencies operating systems on our behalf such as the ESRI who are administering the HIPE and Perinatal Reporting systems, and the CSO where the Vital Statistics reports are produced. Consistency between the domestic systems and the WHO and OECD reporting systems will help to inform national work, and it is important for national systems to link, as far as possible, with the parallel development of the HIEMS network.</p> |

Information Management Unit

| | |
|-----------------|--|
| Comments | <p>The comments included under Objective 1 apply with equal force to this objective. Reporting systems require a high level of technical skill and ongoing expertise to ensure quality, timeliness and relevance. Implementation of the IT consultancy recommendations by the end of the year will be critical. Outsourcing of system development tasks will be considered where appropriate particularly in the area of data collection and dissemination via the internet. Effective and efficient communication links and reporting arrangements with the ERHA are a high priority.</p> |
|-----------------|--|

Information Management Unit

| Divisional Objective No. 3 EU and International Obligations | | | | |
|--|---|-------------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| i.EU Health Monitoring Programme and Injury Prevention Programme. | Participate in working groups and supply data. | Ongoing | Hugh Magee; Tim McCarthy; Ciara O'Shea. | Project reports and improved indicators in HIEMS |
| ii.Health Information Exchange and Monitoring System (HIEMS) implementation and testing. | Set up protocols for sending data to the HIEMS system. | Ongoing | Hugh Magee; Tim McCarthy; Ciara O'Shea. | Data exchange structures put in place |
| iii.EUROSTAT requirements. | Supply data for surveys and task forces. | Ongoing | Hugh Magee; Tim McCarthy; Ciara O'Shea. | EUROSTAT are able to include up to date Irish indicators in their reports |
| iv.WHO and OECD Requirements. | Compile data for WHO Health for All database and OECD database. | 6 Monthly | Claire Grant; David Keating; John Milne. | Irish data up-to-date and included on databases |

Information Management Unit

| Divisional Objective No. 3 EU and International Obligations | |
|--|---|
| Percentage of Total Divisional Time | 15% |
| Output(s)/ Services Delivered | Comparable health indicators for the EU Electronic data exchange system to facilitate international comparisons. Irish health indicators will be included with other European countries in WHO and OECD databases to facilitate international comparisons. |
| Dependencies/Linkages - External and Internal | <p>Internal: Links with the International Unit, with the Planning and Evaluation Unit and with the CMO's Office are important in the co-ordination of EU and international work. Links with health boards and many other agencies are also maintained in the context of communicating information on EU and other health programmes and in making international health data available through dissemination of software (i.e. WHO health for all database) and analysis of comparable health indicators</p> <p>External: The principal linkages are with the EU Commission, EUROSTAT, WHO and OECD.</p> |
| How the identified dependices and linkages will be managed. | <p>Internal: As stated above, links are maintained through the communication of information particularly in relation to EU health programmes and opportunities for project funding.</p> <p>External: Participation in EU, WHO and OECD programmes and projects is the best means of maintaining links and fostering good working relationships. The Department benefits from shared expertise, from improved international comparability, and from participation/co-ordination of international projects related to improved data for monitoring and evaluating health and health services.</p> |
| Comments | Considerable time and effort is required to meet the increasing demands of the EU and other international agencies for supply of data and participation in EU-wide projects. The benefits are also considerable in terms of shared expertise and improved comparability of health data. Our ability to maintain this involvement is a resourcing issue and will depend critically on the expected increase in our statistical capacity. |

Information Management Unit

| Divisional Objective No. 4 National Health Information Strategy | | | | |
|--|---|-------------------------------|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| I. Plan and Organise National Health Information Strategy follow-up conference | Arrange venue and topics, produce literature and issue invitations | September 01 | Hugh Magee; Tim McCarthy; Deborah Byrne. | Successful execution of conference. |
| ii. Provide Secretariat to Committee | Arrange meetings, produce minutes, assist in reporting process | Ongoing | Tim McCarthy; Deborah Byrne. | Outputs issue on time. |
| iii. Appoint researchers to prepare report | Advertise for suitable persons, interview and appoint researchers. | March 2001 | Hugh Magee; Tim McCarthy. | Appointments made promptly |
| iv. Strategy Report | Assist in publication of report | September 2001 | Hugh Magee; Tim McCarthy. | Report issues. |
| v. Provide input to Health Strategy development process | Interim report on health information to be produced to inform Health Strategy team in this important area | June 2001 | Hugh Magee; Tim McCarthy. | Information available in time to be incorporated into Health Strategy |

Information Management Unit

| Divisional Objective No. 4 National Health Information Strategy | |
|--|--|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Day to day work and materials for the steering group and participation in the production of a report. Participation on working groups. Appointment of suitable support staff. Provision of interim material to support Health Strategy. |
| Dependencies/Linkages - External and Internal | <p>Internal: The effectiveness of the Strategy will depend on efficient communication within the Department as well as on links across the whole health sector.</p> <p>External: A critical task of the Committee will be to establish mutually beneficial links with countries, which have experience of designing/implementing national integrated health information systems. Links with EU, WHO and OECD are also essential. Availability of appropriate external resources is a significant factor.</p> |
| How the identified dependencies and linkages will be managed. | <p>Internal: Departmental representation on the Strategy steering committee and on the working groups covering specific areas comes from a large number of divisions within the Department.</p> <p>External: Health board CEO's, Directors of Public Health and the Faculty of Public Health Medicine are among those represented from outside the Department. A conference in mid-2001 is foreseen as a follow-up to the NHIS Conference held in November 2000. This will provide a further opportunity to involve principal stakeholders and to form new linkages/dependencies as appropriate.</p> |
| Comments | The National Health Information Strategy will have a major contribution to make in such area's as performance indicators and right across the range of health strategies, policies and programmes. Communication needs to be developed on several fronts to support service planning. The size of the task of developing a National Health Information Strategy is proving to be quite large and success will depend on achieving a reasonable degree of consensus on the steps required for health information to meet the wide range of requirements for measuring and evaluating health services and health gain. The way in which the information strategy feeds into and informs the Department's forthcoming Health Strategy will be critical. |

Information Management Unit

| Divisional Objective No. 5 Support the Minister in the discharge of his functions through the provision of up-to-date operational and health-status information | | | | |
|--|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| I. Respond to requests from the Minister's Office for various material and advice as needed | Provide data for and reply to PQ's, Reps, FOI Requests, Speeches, press releases, briefing notes. | Ongoing | Hugh Magee | |

| Divisional Objective No. 5 Support the Minister in the discharge of his functions through the provision of up-to-date operational and health-status information | |
|--|---|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Material and services as specified above |
| Dependencies/Linkages - External and Internal | Internal: Minister's Office, Planning and Evaluation Unit, External Personnel, Secondary Care, Press Office. External: CSO |
| How the identified dependencies and linkages will be managed. | Regular contact both by meeting and through voice and data correspondence. |
| Comments | The demands in this area are variable and it is not possible to anticipate ongoing resource requirements. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|------------------------|--|
| I. Appoint contract Statistician/Analysts to fill vacancies as they arise. | Support analytical requirements. | Ongoing. | Hugh Magee; Tim McCarthy; Ciara O'Shea. |
| ii. Train new staff as required to address skills deficits - particularly in the area of IT skills. | Computer skills. | Ongoing. | Hugh Magee; Tim McCarthy; Ciara O'Shea. |
| iii. Utilise Internet more widely. | Web based reports. | Ongoing. | All Staff. |
| iv. Arrange for training in Quality Customer Service principle and implement their use in the unit. | Better customer service | Year End | All Staff |
| v. PMDS training for IMU Staff and implementation of PMDS in the IMU | Training and execution of PMDS requirements | Ongoing | All Staff |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|--|---|
| <ul style="list-style-type: none"> i. Section meetings to be held every 4 – 6 weeks. ii. Prepare interim reports on progress and new developments. iii. Quarterly review of business plan with Assistant Secretary | <p>Hugh Magee; Tim McCarthy; Ciara O'Shea.</p> | <p>Quarterly status report for MAC review and revised business plan</p> |

Department of Health and Children

Business Plans 2001

Division name: **Planning and Evaluation Unit**

Division head: **Charlie Hardy**

Divisional objectives:

1. Service Planning
2. Comprehensive Value for Money Audit of the Health Services
3. Social Inclusion
4. Materials Management & Health Research policy
5. Support the Minister/Department

This business plan leaves out mention of other areas such as HTA awareness, EU public health programme OECD Social Policy Committees, Secretary to MAC/CEO meetings, National Health Information Strategy development and other issues which have to be serviced to which I allocate about 5% of the Unit's resources. The percentage times allocated will need readjustment but given the deadline I am submitting it in the context of the pressures and lack of general experience and resources in this unit at this time. This plan also allows for 10% time on strategy to mid year (direct and indirect work for strategy groups), 10% PMDS and 10% for business planning and review which is required for these to be effective generally. This leaves 65% of the Unit's time for allocation in the Business Plan to the five main objectives.

Section 1

| Divisional Objective No. 1 Enhance Service Planning process between Health Boards/Authority and the Department. | | | | |
|--|--|--|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Work towards a uniform presentation of structure and format of service plans to allow the generation of comparable data. | Set out Terms of Reference and Objectives regarding linkages Form a joint group between health boards/DoHC with MAC/CEO approval. Draft work plan. Draft alternative format of plan. Refer plan to joint group for discussion , review and approval. Sign off work plan. Review meeting with CEOs re revised plan format | 15 Feb. 25 Feb. 1 March April May Sept/Oct Sept/Oct. | Teresa Hynes Clare Pilkington Hugh Drumm | Timely completion of review |
| Support Line Divisions in the performance monitoring and review process | Draft work plan. Sign off work plan Meet line divs to examine any difficulties in performance monitoring Prepare report arising from discussions Submit report to joint group for discussion, review and approval. | 28 Feb 9 Mar 6 April 30 April 18 May | Teresa Hynes Clare Pilkington Hugh Drumm | Completion of the May review by all Line Divisions by the end of May |
| Liaise with Line Divisions to continue development of performance indicators and identification of significant gaps in the use of P.I.s in service plans | Draft work plan. Sign off work plan Meet line divs to work on agreeing P.I.s Prepare report on PIs Refer report to joint group for discussion. | 28 Feb 9 Mar 6 April 30 April 18 May | Teresa Hynes Clare Pilkington Hugh Drumm | Issue of a report to CEO's specifying P.I.s to be used in 2002 service plan. |

Planning and Evaluation Unit

| Divisional Objective No. 1 Enhance Service Planning process between Health Boards/Authority and the Department. | |
|--|---|
| Percentage of Total Divisional Time | 10% |
| Output(s)/ Services Delivered | |
| Dependencies/Linkages - External and Internal | Adherence in the Department to on going use of Service Plans and Performance Indicators for monitoring, evaluation and review. Co-operation and good communications with Health Board CEO's and their appointed corporate planners. |
| How the identified dependencies and linkages will be managed. | The Service Plan Review mechanism is the best way to manage dependencies at a high level with frequent structural and ad hoc contact with units around the Department. Formal joint health board, DoHC Service Plan Group meetings supplemented by research as required. |
| Comments | This is a vital task which depends heavily on MAC backing and Health Board CEO engagement. New structures on Service Plan review will help with this which will tie in with work on the National Health Information Strategy and areas such as Health Technology Assessment and EU Public Health Policy all of which given the serious staff shortages and lack of experience in the unit means the deliverables in this task will be much less than is required and quality will inevitably suffer. This is a pity given the growing emphasis on planning and evaluation throughout the system and given that a small increase in the appropriately skilled resources would make a big difference to what would be achieved for the system as a whole. |

Planning and Evaluation Unit

| Divisional Objective No. 2 Comprehensive Value for Money Audit of the Health Services | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Servicing & Support of the needs of the project team and the project objectives | General project support including: (a) Arranging meetings (b) Gather Information and Supplying material to Consultants | ongoing | PO HEO | Ensuring no undue delay caused by this Department |
| Steering Group Meetings | (a) Arrangements and Preparation for meetings (b) Participation in meetings (c) Carry out any resulting follow up action required as a result of meetings | Spring 2001 | PO HEO EO | Deadlines for Draft Reports and Final Report |
| Project Monitoring | Ongoing review of progress and draft reports | ongoing | PO | Quality of Reports received and punctuality of receipt |
| Follow Up | submission of report to government defining an action plan setting up implementation structures | | PO HEO | acceptance by Government agreement on implementation plans |

Planning and Evaluation Unit

| Divisional Objective No. 2 Comprehensive Value for Money Audit of the Health Service | |
|---|---|
| Percentage of Total Divisional Time | 10.% |
| Output(s)/ Services Delivered | Completion of final report in Spring 2001. |
| Dependencies/Linkages - External and Internal | Report will be prepared by the Consultants with the Unit's support to the Project Team and Steering Group. |
| How the identified dependencies and linkages will be managed. | Via the Project Team and Steering Group meetings and ongoing contacts with the Consultants as required. |
| Comments | <p>This is stated as a key objective given the importance of the overall study, even though our role will be in the way of project support, organisation and quality assurance via the Steering Group.</p> <p>The input to this objective from the Unit should be adequate but if the Unit was better resourced, a higher quality service could be provided via additional input.</p> |

Planning and Evaluation Unit

| Divisional Objective No. 3 Social Inclusion | | | | |
|---|--|----------------------------------|------------------------------|---------------------------------------|
| Steps to achieve objective0 | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Cabinet Committee on Social Inclusion | co-ordination of Dept's monthly reports to Taoiseach's | ongoing | PO, HEO | monthly reports |
| Working Group on NAPS and Health (PPF commitment) | (a) WG meetings & seminars (b) Three subgroups established (c) In-house PPF Implementation Group (d) Final Report by June 2001. | June 2001 for report but ongoing | PO, HEO, EO, CO | Final Report by June 2001 |
| NAPS | (a) co-ordination of annual reviews & workplans for DSCFA who publish Annual Report (b) proof reading draft reports to ensure DoHC text incorporated correctly | annual reports and ongoing | PO, HEO | annual reports |
| Rural Social Inclusion | (a) Quarterly or bi-annual Reports to Dept of Agriculture & Food and attendance at meetings (b) proof reading draft reports to ensure DoHC text incorporated correctly. | ongoing | PO, HEO, EO | quarterly / bi-annual reports to DA&F |
| NAPS Interdepartmental Policy Committee | Monthly meetings | ongoing | PO, | Attendance of meetings |
| EU / WHO / UN | co-ordination of DoHC response comment on reports - co-ordinated by DSCFA | periodic | PO, HEO | responses and comments produced |
| Gender Mainstreaming | varied | ongoing | PO, | reports produced |
| Programme for Prosperity and Fairness | (a) co-ordinating DoHC response (b) inhouse PPF Implementation Group | ongoing | PO, HEO | reports produced |
| Government Programme - co-ordination of Dept's response | Co-ordination of the Department's response | bi-annual usually | PO, HEO | meeting deadlines |

Planning and Evaluation Unit

| Divisional Objective No. 3 Social Inclusion | |
|--|---|
| Percentage of Total Divisional Time | 10.5% |
| Output(s)/ Services Delivered | Department's submission compiled and deadlines met |
| Dependencies/Linkages - External and Internal | (a) timely response from sections. (b) proof reading annual reports compiled by DSCFA and DAFF (c) Work of IPH and NAPS Groups (d) NAPS IDPC in DSCFA |
| How the identified dependencies and linkages will be managed. | (a) Template in use for monthly cabinet committee reports. (b) Electronic copies of previous updates are circulated with new requests (c) HealthNet will be used to make all submissions available |
| Comments | <p>Success is dependent on all sections co-operating and providing accurate information in time</p> <p>There is a constant demand for various presentations of essentially the same information. Our constant requests for various updates to feed the different Committee's and Monitoring Groups needs produces difficulties for Units and ourselves also, given the often impossible time scales of demands.</p> <p>In efficient data gathering subject to demands from out side the Department. Structures in this area are badly in need of rationalisation. They are currently causing unnecessary waste of scarce resources.</p> |

Planning and Evaluation Unit

| Divisional Objective No. 4 - Materials management and health research policy development and implementation | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Materials Management (MM) including E-Procurement | varied | ongoing | PO, HEO, EO | support best practice in MM Area |
| VFM posts including MM posts | periodic requests | ongoing | PO, HEO, EO | support best practice in MM Area |
| Procurement of Pharmaceuticals | Working Group established comprising HPAI, HMMB, HSEA, IMPACT to progress procurement | ongoing | PO, Ext. Personne l, HSEA | progress made by Working Group |
| Representation on the Healthcare Materials Management Board | representation at meeting and resulting actions | ongoing | PO, | No. meetings attended and reports completed |
| Co-ordination of statistical returns for the EU | circulation of forms through the HMMB and HBs | annual | HEO, EO | meeting deadlines for submission |
| Health Research | a) implementation of National Strategy on Health Research b) sources for additional research funding | ongoing | PO, HEO, EO | a) Progress on implementation on NSHR b) sources identified |
| Energy & Clinical Waste | periodic liaison with HPO | ongoing | PO, HEO | details/reports of any liaison |
| North South Co-operation | liaison with NI through HMMB and on equipping | ongoing | PO | detail/report of any liaison |
| Management of the Administrative Budget | (a) Monitoring spending of A7 Budget. (b) Processing payments for Consultancy Services. (c) Providing advice and assistance to Sections engaging Consultancy Services. (d) Assisting C&AG's in annual audit of A& Budget | ongoing | HEO, EO | advising sections on compliance with national guidelines / DoF guidelines and EU Directives, and C&AG |

Planning and Evaluation Unit

| Divisional Objective No. 4 - Materials management and health research policy development and implementation. | |
|---|--|
| Percentage of Total Divisional Time | 4.5% |
| Output(s)/ Services Delivered | (a) increased % on non pay subject to contract /tender (b) compliance with national guidelines and EU directives (c) increased co-operation and national tendering by all health agencies / HMMB |
| Dependencies/Linkages - External and Internal | Co-operation between agencies, HMMB, Department Co-operation with HRB, HEA etc. |
| How the identified dependencies and linkages will be managed. | by constant contacts networking and steering group or board meetings and membership on Department of Finance task forces on E-Procurement. |
| Comments | This is an area where reform of the HMMB arrangements is necessary. Much more time should be devoted to this but recent vacancies have prevented this. |

Planning and Evaluation Unit

| Divisional Objective No. 5 - Support the Minister / Department | | | | |
|---|---|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Representations | Research and draft replies to Representations | periodic | AP, HEO, EO | Submit reply within deadline |
| Parliamentary Questions | Research and draft replies to questions | periodic | AP, HEO, EO | Submit reply within deadline |
| Dail committees Briefs/Speeches/Repluies to Queries | Research and draft Brief/Speech/ reply | periodic | AP, HEO, EO | Submit reply within deadline |

| Divisional Objective No. 5 - Support the Minister / Department | |
|---|---|
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | -Documentation/Information |
| Dependencies/Linkages - External and Internal | <ul style="list-style-type: none"> - Other Units - Research for Information - Information from Health Agencies |
| How the identified dependencies and linkages will be managed. | <ul style="list-style-type: none"> - Attempt to streamline the process of seeking/researching relevant material from around the Department (This will not be easy as input is often required quickly). - Investigate/Examine IT systems with a view to discovering if more effective methods can be employed. |
| -Comments | Areas covered are enormously varied. For this Unit a better systems use of the Healthnet for <u>all</u> Departmental Speeches, Briefs, Press Releases etc. would make a very big difference to this work. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|---|------------------------|--|
| Improve IT Skills | Improved and more efficient/effective IT use. E-Mail, WP for Record Management. | Sept. 2001 | All Units |
| Better/Effective Writing Courses | Improved quality and faster output of text | Sept. 2001 | EO's |
| Training QCCP | Enhanced skills at handling Queries from Public, Representations, etc. | June. 2001 | HEO's, EO's |
| PMDS needs | To be defined following PMDS Process (to include people management skills) | ongoing | All Unit |
| Health Service Evaluation Courses. International Health Service Planning Seminars | Improved Planning Skills to enable the Unit to facilitate the development and use of such skills in policy planning, monitoring and review. | ongoing | PO, AP, HEO's |
| Carry out Business analysis skills training to enable better input into areas such as service plans developments and links to strategy | improved skills to contribute to facilitating service planning developments | Sept. 2001 | AP, HEO, EO |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|--|--|---|
| Monthly Unit Meetings and fortnightly meetings with Sections, plus ongoing briefing and review derived from weekly PO MAC member meeting and wider fora in the Department. | PO nominated, HEO as Secretary to group and all Units. | Revised Plan and agreed time scales as necessary. |

Reporting to Mr Frank Ahern

Management Professional and Support Division

Medical Indemnity Project Office

Nursing Policy Division

Personnel Management and Development

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Department of Health and Children

Business Plans 2001

Division name: Management, Professional and Support Division

Division head: Fergal Lynch

Divisional objectives:

1. To prepare legislation for the statutory registration of health and social care professionals
2. To continue implementation of the Expert Group reports on health and social care professionals and the Service Reviews on Pathology and Radiology
3. To develop the delivery of services under the Voluntary Hospitals Superannuation and Associated Schemes and to prepare for devolution to an appropriate body
4. To continue to progress and support implementation of specific key commitments arising from the Programme for Prosperity and Fairness, including the Modernisation Programme for the Health Sector and implementing pay agreements

Section 1

| Divisional Objective No. 1 To prepare legislation for the statutory registration of health and social care professionals | | | | |
|---|---|--|--|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Secure agreement of professions to the current proposals | 1. Attend further information sessions. 2. Secure advice from AG and distribute to professional bodies 3. Secure written agreement from each professional body to the proposals. 4. (a) Clarify funding proposals (through an insurance mechanism) (b) Start agreeing “grand-parenting” with care workers. | Feb. 2001 Jan 2001 Feb. 2001 End Oct 2001 | F. Lynch A. Harrington Tom Monks | General agreement from all parties to proceeding to draft Heads of a Bill |
| Ensure publication of legislation | 1. Draft General Scheme and Heads of a Bill 2. Obtain Government approval to Scheme and Heads 3. Liaise with Parliamentary Counsel on drafting Bill 4. Obtain Government approval to publish Bill | Mar 2001 May 2001 Summer 2001 Dec. 2001 | F. Lynch A. Harrington | Final draft of Bill to be produced |
| Support Minister in piloting Bill through Oireachtas | 1. Prepare briefs as necessary 2. Attend meetings with Minister | Ongoing but ultimately to be concluded by early 2002 | F. Lynch A. Harrington | Legislation to be agreed though all stages |

Management, Professional and Support Division

| | |
|---|--|
| Divisional Objective No. 1 To prepare legislation for the statutory registration of health and social care professionals | |
| Percentage of Total Divisional Time | 20% of PO's time, 30% of AP's time. 20% of other's time |
| Output(s)/ Services Delivered | <p>Outputs will include</p> <ul style="list-style-type: none"> ♦ Agreement from professional bodies on current proposals ♦ General Scheme and Heads of a Bill ♦ Agreed Bill |
| Dependencies/Linkages - External and Internal | <p>Linkages with Medical and Nursing divisions will be essential in preparing Fitness to Practice legislation.</p> <p>Sufficient legal support from both Department's legal advisor and AG's office will be vital.</p> <p>Sufficient time must be set aside by Parliamentary Counsel to enable Bill to be drafted.</p> <p>In view of current and anticipated workload, it is vital that the 2 additional approved staff are appointed as soon as possible.</p> |
| How the identified dependices and linkages will be managed. | <p>Continued liaison with Medical and Nursing divisions in drafting each set of legislation.</p> <p>Continued liaison with Internal Personnel re additional staff.</p> <p>Liaison with Department's legal adviser, AG's Office as appropriate and Parliamentaty Counsel</p> |
| Comments | <p>Excellent relationships have been developed with the professional bodies and it will be important for these to continue. With this, we should be able to anticipate any difficulties and deal with them before they become major issues. However, the amount of work involved in preparing legislation of this type must not be underestimated. It is vital that adequate staff resources are available for this purpose.</p> |

Management, Professional and Support Division

| Divisional Objective No. 2 To continue the implementation of the Expert Group reports on health and social care professions and the Service Reviews on Pathology and Radiography | | | | |
|---|--|--|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Continue implementation of the Expert Group report published in April 2000 | 1. Meetings with IMPACT as necessary 2. Issue circulars to deal with any outstanding issues 3. Establish National Social Work Forum, agree agenda and complete business 4. Continue work on Joint Childcare Committee and subcommittees 5. Establish Health Professions Policy Unit | Ongoing Ongoing July 2001 Ongoing June 2001 | A. Harrington T. Monks P. McGoldrick | Implementation in full of April report Business of forum completed Revised pay and career path for child care workers Complete review of child care training completed Content of 'Top-up' course for unqualified staff agreed |
| Ensure publication of Medical Laboratory Technologist (MLT) Expert Group report | 1. Meetings with HSEA and management rep to agree position 2. Obtain approval from Department of Finance 3. Agree time frame for publication of report | Jan 2001 Jan 2001 Feb. 2001 | A. Harrington | Publication of report |
| Ensure publication of Radiography Expert Group report | 1. Meetings with HSEA and management rep to agree position 2. Meetings with union officials to try to avert industrial action and agree a position 3. Obtain Department of Finance approval 4. Agree time frame for publication | Feb. 2001 Feb. 2001 Mar 2001 Mar 2001 | A. Harrington | Publication of report |
| Ensure implementation of both MLT and Radiography Expert Group reports | 1. Cost implementation of each report 2. Seek views of other relevant Government Departments 3. Copy of report, executive summary and draft government memorandum to each Department 4. Submit Memorandum to Government requesting approval for the implementation of the report 5. Partake in implementation groups as required | April 2001 May 2001 May 2001 June 2001 Ongoing/ultimately early 2002 | A. Harrington T. Monks P. McGoldrick | Government decision to implement report Working groups established Circulars to issue, sanctioning recommendations |

Management, Professional and Support Division

| Divisional Objective No. 2 To continue the implementation of the Expert Group reports on health and social care professions and the Service Reviews on Pathology and Radiography | | | | |
|---|--|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Partake in progression of service reviews | 1. Support HSEA in implementing pilot projects 2. Attend meetings as required | Ongoing | A. Harrington | Agreement with unions on progress |

| Divisional Objective No. 2 To continue the implementation of the Expert Group reports on health and social care professions and the Service Reviews on Pathology and Radiography | |
|---|---|
| Percentage of Total Divisional Time | 20% of PO's time 50% of AP's time. 30% of other's time. |
| Output(s)/ Services Delivered | <ul style="list-style-type: none"> ♦ Implementation of April reports ♦ Publication of MLT and Radiography reports ♦ Continued work on Service Reviews |
| Dependencies/Linkages - External and Internal | <p>Dependent on continued support of HSEA and good relationships with unions</p> <p>Lack of continuity of HSEA personnel in dealing with the expert group is a difficulty - third change-over of staff about to occur.</p> <p>Childcare expert group dependent on resolution of the pay issue.</p> |
| How the identified dependencies and linkages will be managed. | <p>Liaison at appropriate level between HSEA and Department re staffing issue</p> <p>Liaison with Internal Personnel re appointment of additional staff and replacement of staff if they leave.</p> <p>Agreement of Department of Finance to revised pay and career structure essential for continued progress on child care issue.</p> |
| Comments | <p>Magnitude and diversity of work involved in the Expert Groups is much greater than could ever have been envisaged when they were established.</p> <p>Industrial relations difficulties in relation to social workers have resulted in more work than anticipated for the Expert Group process and the establishment of a national forum.</p> <p>Childcare Expert Group is proving very time-consuming, with subcommittees now being established in addition to the main committee. If successful, it will result in a total change in pay, structure and training for the grade.</p> <p>Dependent also on appointment of additional staff, as proposed in Government Memorandum (7 June 2000) to implement the Expert Group report of April 2000</p> |

Management, Professional and Support Division

| Divisional Objective No. 3 To develop the delivery of services under the Voluntary Hospitals Superannuation and Associated Schemes and to prepare for their devolution to an appropriate body. | | | | |
|---|---|---|---------------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Obtain the approval of MAC to proceed to implement the steps necessary to achieve the objective | Submission of detailed memorandum to MAC outlining measures necessary and specific areas to be addressed. | 1.3.2001 | F.Ahern, F.Lynch and J.Gillen | MAC approval to proceed |
| The designation of the appropriate body to which responsibility will be devolved. | Discuss with and obtain the agreement of the ERHA to the steps necessary for it to assume responsibility for the schemes. | 1.4.01 | F. Lynch / J.Gillen. | Agreement with ERHA on the procedures to be followed to facilitate devolution. |
| Appointment of designated Officer to liaise with ERHA and of ERHA Project Manager. | Select and nominate officer concerned. | 1.3.01 | F. Lynch/ J.Gillen | Appointment of officers - Project Officer-ERHA Liaison Officer VHSS |
| The training of ERHA staff. | The appointment of appropriate staff. Provision of additional temporary accommodation for trainee staff. Complete training. | 1.3.01 | J.Clarke / A. Kelly | Commencement of training. |
| | | 1.3.01 | | Provision of addition accommodation |
| | | 31.12.01 | | |
| Establishment of Pensions Policy Unit. | Agreement of MAC Appoint staff Co-ordinate take-over from Dept of the Environment and Local Government. | Following transfer to ERHA | F.Lynch, J.Gillen, J.Clarke & A.Kelly | Obtaining decision from MAC. Identifying staffing. |
| Consolidation of schemes | Review existing schemes/circulars Identify steps required. Proceed with consolidation | Following establishment of Policy Unit. | J.Gillen, J.Clarke & A. Kelly. | Commencement of Review. Establish extent of task. Commencement of drafting of revised schemes. |

Management, Professional and Support Division

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|---|---|
| Divisional Objective No. 3 To develop the delivery of services under the Voluntary Hospitals Superannuation and Associated Schemes and to prepare for their devolution to an appropriate body. | |
| Percentage of Total Divisional Time | 10% PO's time 10% of AP's time |
| Output(s)/ Services Delivered | <p>The devolution of the administration of the Superannuation schemes to the ERHA.</p> <p>The Establishment within the Department of a Pensions Policy Unit.</p> <p>The publication of revised/consolidated schemes.</p> <p>Assumption of responsibility for health staff members of Local Government Superannuation Scheme.</p> |
| Dependencies/Linkages - External and Internal | <p>Positive Decision from MAC.</p> <p>Provision of additional resources, including staff and accommodation as required,</p> <p>Impact of the Report of the Commission on Public Service Pensions and the Government's response to same</p> |
| How the identified dependencies and linkages will be managed. | <p>Director will bring issues to MAC for decision.</p> <p>Discussions with Personnel/General Division on additional resources and with the ERHA on the provision by it of appropriate staffing to manage devolution.</p> |
| Comments | <p>It is part of the Department's strategy that the administration of the VHSS and NHASS should be devolved to an appropriate outside body. In addition, the Department has given a commitment to the Department of the Environment and Local Government to take over responsibility for health sector employees who are members of the Local Government Superannuation. A detailed memorandum for setting out the measures necessary to achieve these objectives has been prepared and will be submitted to MAC for its approval.</p> <p>Agreement in principle has been reached with the ERHA that the Shared Services Office of the Authority will take over responsibility for administration of the schemes and discussions on the appointment and training of staff are now in hand.</p> <p>To achieve these twin objectives, additional staff and resources will be required. These will be necessary firstly to undertake the preparatory work identified as necessary to achieve the objectives. Secondly, in assuming responsibility for the Local Government Superannuation Scheme, it will be necessary to establish a pensions policy unit within the Department which would be effectively along the lines of that currently existing in the Department of the Environment and Local Government.</p> <p>The report of the Commission on Public Service Pensions, whilst recommending the establishment of a Public Service Pensions Office, also envisages the continuance of the existing pensions units within Government departments as local "Pension Support Units". This being so, the Department will still continue to have a responsibility for the superannuation of the health sector employees. There is nothing in the report which would suggest that the Department should not continue to pursue actively its objectives as outlined.</p> |

Management, Professional and Support Division

| Divisional Objective No. 4 - To continue to progress and support implementation of specific key commitments arising from the Programme for Prosperity and Fairness, including the Modernisation Programme for the Health Sector and implementing pay agreements. | | | | |
|---|---|---|---|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Implement Government Pay Policy as outlined in PPF | Implement Pay Adjustment under PPF to Salary Scales in April 2001 October 2001 | April October | Fergal Lynch, Dave Maguire | New Salary Scales Issued in April and October 2001 |
| | In conjunction with HSEA address major IR claims | Further devolution of functions to HSEA | Frank Ahern, Larry O'Reilly, Bernard Carey, Fergal Lynch | Agreed package of further devolution to HSEA |
| Support the Modernisation Programme for the Health Sector as outlined in the PPF through Partnership Process | Participate in and support the Partnership Structures. Develop proposals to advance the Modernisation Programme through the Partnership Structures in conjunction with the HSEA. | Ongoing discussions through partnership and HSEA on how to progress each element of the Modernisation Programme | Fergal Lynch Kilian McGrane | Agreement with employers and ultimately unions on specific measures to advance the Modernisation Programme |
| Continue to support the process of Manpower and Workforce Planning in the Health Services | Set up Health Skills Group | Before Year End | Frank Ahern | Terms of Reference and working structure for Skills Group. Production of reports. |
| | Continue Manpower Planning Studies in Medical, Nursing and Health Professionals areas | Ongoing | Larry O'Reilly, Bernard Carey, Fergal Lynch | |
| Support Benchmarking Process | Provide Inputs to the Benchmarking Body, as required. HSEA to commission specific documents for submission to the Benchmarking Body | To be decided in line with D/Finance lead on issue | Fergal Lynch | Health Service input to the Benchmarking Body, including formal submissions |
| Implement Government Pay Policy as outlined in PPF | Implement Pay Adjustment under PPF to Salary Scales in 1st April 2001 1st October 2001 | 1st April 1st October | Fergal Lynch, Dave Maguire | New Salary Scales Issued on or before April/October Consideration of National Pay Policy in resolving major IR claims |
| | Provide support to the HSEA to address major IR claims | As required | Frank Ahern, Fergal Lynch | |
| Specific Commitments on :National Joint CouncilCode of Practice for Disputes | Discussions between HSEA and Unions with appropriate input by Department | NJC set up by end of June and Code to be agreed by end of year. | Fergal Lynch Kilian McGrane | A pan-union forum and the maintenance of vital services in times of dispute. Policies which support employers in developing local policies and procedures |
| HR Initiatives :Recruitment/RetentionFlexible workingWelfare and Safety | Participate in the development of best HR policies for the health services. | Ongoing process being lead by the HSEA | Frank Ahern Fergal Lynch Kilian McGrane | |

Management, Professional and Support Division

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|---|---|
| Divisional Objective No. 4 (cont.) - To continue to progress and support implementation of specific key commitments arising from the Programme for Prosperity and Fairness, including the Modernisation Programme for the Health Sector and implementing pay agreements. | |
| Percentage of Total Divisional Time | 20% of PO's time, 15-20% of others time |
| Output(s)/ Services Delivered | <p>Outputs will include</p> <ul style="list-style-type: none"> ♦ new Consolidated Salary Scales X 2 ♦ position papers on Benchmarking, Manpower Planning, Pay/IR Policy ♦ documentation outlining proposals on Partnership, Modernisation Programme, HR Policies ♦ written agreements on Health Skills Group, NJC, Code of Practice |
| Dependencies/Linkages - External and Internal | <p>(a) Internal linkages dependencies: Nursing Policy Unit and Medical Division re: co-ordination on action areas of mutual concern. Finance Unit re: funding of proposals</p> <p>(b) External linkages dependencies: Significant linkages (and dependencies with HSEA, Department of Finance and Unions. Also, linkages with the Department of Education and Science and the Department of environment and Local government re: Partnership issues and Benchmarking.</p> |
| How the identified dependenices and linkages will be managed. | Continued liaison and discussion with each party identified. Emphasis on involving Department of finance from the outset of claims or possible disputes, and on liaising with closely with the HSEA. |
| Comments | <p>Objective 4 remains both wide and challenging.</p> <p>The Operational Plan for Management, Professional and Support Division outlines in greater detail the steps involved in progressing implementation of the Programme for Prosperity and Fairness.</p> <p>The Operational Plan also deals in a more expansive way with the overall development of HR measures which in their totality contribute to the development of the Modernisation Programme in the Health Service (areas such as Recruitment/Retention, HR policies, Staff Welfare, Health and Safety issues, HR planning and HR information systems).</p> <p>During 2001 the main focus will be on ensuring the effective operation of the structures which have been (or will be) put in place to advance the commitments under the Programme for Prosperity and Fairness .</p> <p>As with last year, much of the work will involve discussions and negotiations regarding the means of processing the various elements of the PPF and the details of what progress can be made under each element of the programme.</p> <p>In addition to the division's own role, the successful implementation of many aspects of Objective 4 depends critically on a number of external bodies, most notably the HSEA, the Department of Finance and the Trade Unions. It will also vitally depend on the retention of staff in the division.</p> |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|--|--|
| 1. To implement the Performance Management and Development System for all officers in the Division | (1) Appropriate training course for all staff (2) Preparation of agreed Role Profile Form for each officer (3) Interim review of progress between job holder and manager | To be agreed shortly with Change Mgt Unit - depends on timing of courses. Overall aim is to have each officer trained and Role Profile agreed by May 2001 | PO and Change Management Unit in driving the initiative; all officers of Division in full implementation |
| 2. To develop a structured system of staff development based on needs identified under the PMDS | Agreed training/education plan for each officer in line with PMDS | Same deadline as for completion of agreed role profile | All officers of Division - each job holder in association with respective manager |
| 3. To ensure that the Division adheres to the Revised Principles of Quality Customer Service (2000) as they relate to its work | Principle 4: Information - Development and maintenance of web site for personnel issues | Ongoing | PO and all officers in relation to their areas |
| | Principle 12: Internal Customer - Recognising staff as internal customers through speedy follow up of queries by e-mail and voice mail | Ongoing | PO and all officers in relation to their areas |
| 4. To continue the process of devolving specific work or tasks to agencies | Agreement with HSEA in relation to costing mechanisms and health boards re agreed personnel issues | Ongoing | PO and Aps |
| 5. To contribute to the preparation of the new national Health Strategy and Departmental Statement of Strategy, thereby helping to develop the future role of the Division and the Department as a whole | Written inputs to and discussions re Health Strategy, with particular reference to HR issues. Written inputs to Statement of Strategy | Individual deadlines to be set as required. The overall deadline for first draft of Strategy is June 2001 | Fergal Lynch (member of Project Team for Strategy) and other officers of Division as required. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|--|--|
| 1. Monthly meetings at Division level (PO/APs and others as required) | Fergal Lynch, with co-ordination/ support by Des Williams | Updated progress report on each main item. |
| 2. Quarterly meetings of full Division | Fergal Lynch | Updated progress report and agreed next steps, including amendments to Business Plan as required |
| 3. Quarterly meetings of Director/POs with MAC | Director and P.O.s | Updated progress report on each main item, with agreed amendments/alterations in light of progress during the year |
| 4. Annual one-day development meeting of entire Unit (Nursing, Medical and MPS) | Director and POs, plus small group established to consider agenda and arrangements for next such meeting | Agreed agenda and focus for one-day meeting, possibly using a facilitator |

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Department of Health and Children

Business Plans 2001

Division name: Medical Indemnity Project Office

Division head: Brendan Phelan

Divisional objectives:

1. To support the Minister on all issues related to medical indemnity and risk management
2. To establish Enterprise Liability Agency
3. Examine No Fault scheme, for all brain damaged infants

Section 1

| Divisional Objective No. 1: To support the Minister on all issues related to medical indemnity and risk management. | | | | |
|--|-------------------------|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Answer PQ's | | NA | BP | PQ's drafted on time |
| Prepare briefs | | NA | BP | Briefs delivered on time |
| Attend meetings | | NA | BP | Meetings efficiently organised |

| Divisional Objective No. 1: To support the Minister on all issues related to medical indemnity and risk management | |
|---|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | PQ answers Briefs prepared Meetings arranged and serviced |
| Dependencies/Linkages - External and Internal | Timely requests from Minister's office |
| How the identified dependices and linkages will be managed. | Communications |
| Comments | |

Medical Indemnity Project Office

| Divisional Objective No. 2: To establish Enterprise Liability Agency | | | | |
|---|---------------------------------------|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Secure agreement on E.L. | Set up Advisory group | April | BP | Performance of group |
| Design Scheme | Work with Advisory group and advisors | June | BP/Marsh | Design agreed |
| Secure legislation | Draft heads/Process Bill | October | BP | Schemes/Heads |
| Establish agency | Legislation | December | BP | Bill passed |
| Risk Management standards | Design and test standards | March | Marsh | Acceptability of standards |

| Divisional Objective No. 2: To establish Enterprise Liability Agency | |
|---|---|
| Percentage of Total Divisional Time | 80% |
| Output(s)/ Services Delivered | Heads of Bill Bill Act Agency Tenders |
| Dependencies/Linkages - External and Internal | Agreement of Hospitals Agreement of Medical Profession Parliamentary Counsel Time Legislative Time |
| How the identified dependices and linkages will be managed. | Consultation, dialogue of negotiation |
| Comments | All of these elements are interdependent. Very short time to meet targets. Inadequate staff resources |

Medical Indemnity Project Office

| Divisional Objective No. 3: Examine No Fault scheme, for all brain damaged infants | | | | |
|---|--------------------------|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Scope problem | Establish Advisory group | June | BP | Progress of group |
| Look at similar schemes | Visits by group | November | BP | Timetable for visits |

| Divisional Objective No. 3: Examine No Fault scheme, for all brain damaged infants | |
|---|--|
| Percentage of Total Divisional Time | |
| Output(s)/ Services Delivered | |
| Dependencies/Linkages - External and Internal | |
| How the identified dependices and linkages will be managed. | |
| Comments | |

Medical Indemnity Project Office

| Divisional Objective No. 4: | | | | |
|-----------------------------|------------------|------------------------|-----------------------|----------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
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Medical Indemnity Project Office

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|--|--|
| Divisional Objective No. 4: | |
| Percentage of Total Divisional Time | |
| Output(s)/ Services Delivered | |
| Dependencies/Linkages - External and Internal | |
| How the identified dependices and linkages will be managed. | |
| Comments | |

Medical Indemnity Project Office

| Divisional Objective No. 5: | | | | |
|------------------------------------|-------------------------|-------------------------------|------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
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Medical Indemnity Project Office

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|--|--|
| Divisional Objective No. 5: | |
| Percentage of Total Divisional Time | |
| Output(s)/ Services Delivered | |
| Dependencies/Linkages - External and Internal | |
| How the identified dependices and linkages will be managed. | |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|-----------|--------|------------------------|--|
| | | | |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|----------------------|-----------------------|--------|
| | | |

Department of Health and Children

Business Plans 2001

Division name: Nursing Policy Division

Division head: Bernard Carey

Divisional objectives:

1. Support for Minister.
2. Implementation of Commission on Nursing Report.
3. Study of the Nursing and Midwifery Resource.
4. Implementation of Report of Nursing Education Forum.
5. Preparation of Heads of new Nurses Bill.
6. Implementation of Performance Management and Development System in Division.

Section 1

| Divisional Objective No. 1: Support for Minister | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Respond to demands from Minister's Officer for a range of support material and advice. | Draft Speeches, press releases, briefing notes, policy papers. Reply to PQ's, Reps, FOI requests. Organise launches, information sessions. | Ongoing | Bernard Carey Peta Taaffe | Compliance with: Dáil PQ procedures FOI legislation Customer Service Action Plan and Quality Customer Service Principles reReps. |
| Participate in the development of a new Health Strategy | Provide input, consult with relevant bodies, review elements of draft as appropriate. | Mid Year. | Bernard Carey Peta Taaffe | Timely response to requests. |

| Divisional Objective No. 1: Support for Minister | |
|--|--|
| Percentage of Total Divisional Time | 10% PO time % AP time as required. % HEO time as required. % EO time as required. % CO time as required. 5% Chief Nursing Officer time |
| Output(s)/ Services Delivered | Complete documents and services as specified above. |
| Dependencies/Linkages - External and Internal | Minister's Office, Systems Unit (internal), Communications Officer, Personnel, Corporate Services, Accounts, Press Office, Dáil Office. External agencies and customers as appropriate for Health Strategy. |
| How the identified dependencies and linkages will be managed. | Meetings as required. Consultation process for Health Strategy to be defined. |
| Comments | Unpredictable nature of demand makes accurate prediction of resource and time requirements difficult. Resource requirement will be reviewed in monthly business plan reviews. |

Nursing Policy Division

| Divisional Objective No. 2: Implementation of Commission on Nursing Report. | | | | |
|--|---|--|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Completing the implementation of current Action Plan. | | | | |
| Support work of Monitoring Committee to review progress of implementation of the Report. | Meet on a quarterly basis. | Ongoing | Bernard Carey Peta Taaffe | Quarterly and Annual progress reports. |
| Support work of National Council for Professional Development in Nursing and Midwifery. | 1. Contribute to work of Council through membership of Council and sub-committees. 2. Complete transfer of administrative functions to CEO and staff. 3. Liaise with CEO as appropriate with regard to financial, staffing and accommodation issues. | Ongoing | Bernard Carey Peta Taaffe | National Council for Professional Development in Nursing and Midwifery fully operational. |
| Nursing and Midwifery Planning and Development Units. | -Encourage Health Boards to complete appointment of Directors and Staff of the regional units. - Liaise as appropriate. | June 2001 | Bernard Carey Peta Taaffe | Appointments made. |
| Revised Public Health Nursing Strategy. | Await approval from MAC. Phase 1. Consultation with internal stakeholders and the formation of a steering group. Phase 2. Consultation with external stakeholders and key link groups. Phase 3. Preparation of a Consultative Document. Phase 4. Preparation of final document. | End of February 2001. End of June 2001. End of November 2001. End of February 2002. | Bernard Carey Peta Taaffe | Agreement to revised strategy. |
| | | | | |

Nursing Policy Division

| Divisional Objective No. 2: Implementation of Commission on Nursing Report. | | | | |
|--|---|---|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Review of Sick Children's Nursing Course. | 1. Consultation with relevant stakeholders on the implementation of the recommendations of the Report of the Paediatric Nurse Education Review Group. 2. Consideration of how other priorities within the action plan may impact upon paediatric nursing. | August 2001 Ongoing | Bernard Carey Peta Taaffe | Agreement to Report of Committee |
| Effective utilisation of nursing and midwifery skills. | Phase 1 (7.63) (re Skill Mix) - Committee to complete report. -Submit report to Monitoring Committee. Phase II (7.63) (re: systems for developing nurse staffing levels) -Committee to agree approach. -Research/consultation phase. Contribute to Review Group on Education and Training of Health Service Care Staff. | End of February 2001. March 2001. April - August 2001. September 2001 ongoing. Ongoing. | Bernard Carey Peta Taaffe | Agreement to Committee's proposals. . |
| Negotiating a New Action Plan covering the years 2002 and 2003 with the Nursing Alliance. | | | | |
| Agree Action Plan for 2002/2003. | Negotiate with stakeholders via Monitoring Committee. Seek funding. | June 2001. July - Dec 2001. | Bernard Carey Peta Taaffe | Action Plan agreed. |

Nursing Policy Division

| Divisional Objective No. 2: Implementation of Commission on Nursing Report. | |
|--|---|
| Percentage of Total Divisional Time | 10% of P.O. time 35% of A.P. time 30% of Nurse Advisers time 40% of H.E.O. and E.O. time |
| Output(s)/ Services Delivered | |
| Dependencies/Linkages - External and Internal | <p>Internal Linkages and Dependencies: - Liaise with Community Health Division, Finance Unit, Personnel Management and Development, External Systems.</p> <p>External Linkages and Dependencies: - Liaise with National Council for Professional Development in Nursing and Midwifery, An Bord Altranais, Health Service providers, H.S.E.A., Officer for Health Management, Office of Public Works, Nursing Alliance, Department of Finance and other professional nursing representative bodies.</p> |
| How the identified dependices and linkages will be managed. | <p>Internal - Ongoing discussions with Community Health Division, Finance Unit, Personnel Management and Development, External Systems.</p> <p>External - Ongoing discussions with relevant parties regarding progress of the implementation of the Priority Action Plan.</p> |
| Comments | <p>At the launch of the Commission on Nursing Report the Minister accepted in principle the recommendations contained in the Report. Arising out of the Nurses pay dispute in October, 1999 the Labour Court noted that the parties involved in discussions had arranged a mechanism to prioritise the speedy implementation of the Commission's proposals. The ongoing implementation of the agreed Priority Action Plan will ensure compliance with this objective.</p> <p>The targets achieved under the Action Plan include:</p> <ul style="list-style-type: none"> ♦ Introduction of a direct entry Midwifery Diploma Programme on a pilot basis; ♦ Increase in theoretical content of current midwifery programme; ♦ The number of places available on the 2000 Nursing Registration/Diploma programme has been increased by 300 places to 1,500 annual intake of nursing students; ♦ £1.9m has been provided in respect of the provision of new technology and where appropriate clerical support to Public Health Nurses to support their role; ♦ £6.8m has been provided in respect of the provision of clerical and information technology support to first line nursing and midwifery managers; ♦ Transfer of student nurse application system to CAO; ♦ The establishment of the National Council for Professional Development of Nursing and Midwifery. |

Nursing Policy Division

| Divisional Objective No. 3: Study of the Nursing and Midwifery Resource. | | | | |
|--|--|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Recruit an additional researcher to work part-time on the study on a secondment basis (a nurse with research experience) | Locate interested persons through contact with the profession. | March 2001. | Peta Taaffe | Appointment of part-time Researcher. |
| Expand the membership of the Steering Group. | Extend invitations to Directors of Nursing Daths/CEO Health Board etc. | March 2001 | Peta Taaffe. | New members join the group. |
| Steering Group to agree an approach to Phase III of the Study. | Obtain technological support and statistical expertise at national and local level in conjunction with the Nursing and Midwifery Planning and Development Units, to design models with templates that can be adjusted to Nursing and Midwifery employment for each region. | Ongoing | Peta Taaffe Bernard Carey | Decision on approach - this may involve commissioning the design, development and piloting of systems for data capture, reporting and prediction |
| Clarification of the role and relationships between the PPARS system and the Nurses Register of An Bord Altranais in relation to workforce planning. | Initiate discussion between the relevant parties. | Ongoing | Peta Taaffe Bernard Carey | Use of systems for workforce reviews. |
| Receive, review and disseminate, as appropriate, the findings of the National Study of Turnover in Nursing and midwifery | Liaise and advise where appropriate research team for the National Study of Turnover in Nursing and Midwifery. | June 2001 | Bernard Carey Peta Taaffe | Report Published. |
| Initiate discussions with An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery with regard to a system for recording qualifications in specialised areas of clinical practice. | Convene meeting of An Bord Altranais, PPARS, Department of Health and Children and National Council for the Professional Development of Nursing and Midwifery. | Ongoing | Bernard Carey Peta Taaffe | Availability of enhanced information on qualification in specialised areas of clinical practice. |

Nursing Policy Division

| Divisional Objective No. 3: Study of the Nursing and Midwifery Resource. | | | | |
|---|--------------------------------------|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Liaise with the newly established Nursing and Midwifery Planning and Development Units in developing a systematic mechanism for establishing the number / WTE nurses/midwives employed in the independent sector and developing local systems for monitoring the uptake of places and subsequent career path of participants on return-to-practice courses. | Advise and assist where appropriate. | Ongoing | Bernard Carey Peta Taaffe | Availability of information on Nursing and Midwifery Employment in the relevant sector and uptake of return to practice course places |

Nursing Policy Division

| Divisional Objective No. 3: Study of the Nursing and Midwifery Resource. | |
|---|---|
| Percentage of Total Divisional Time | 5% Chief Nursing Officer 5% Principal Officer 40% Nurse Research officer 5% Nurse / Midwifery Advisors 7% Clerical Officer |
| Output(s)/ Services Delivered | Chair the Steering Group meetings, support and advise Nurse Researcher. Attend Steering Group meeting, support and advise Nurse Research Officer. Assist with mail out for surveys, monitor and collate returns. Assist with correspondence in relation to the study. |
| Dependencies/Linkages - External and Internal | <p>-Internal: Personnel Management and Development, Information Management Unit, Services for Older People, Disability Services, Intellectual Disability Services, Mental Health Services, Medical Manpower Forum, Expert Group for Professions Allied to Medicine.</p> <p>-External: Department of Nursing Studies, UCC, Health Boards/Agencies, An Bord Altranais, Personnel Officers, Central Statistic Office, HSEA, HRB, PPARS, Nursing and Midwifery Planning and Development Units, AINM, APNM, Nursing Alliance, Irish Nursing Homes Organisation, Federation of Catholic Voluntary Nursing Homes, Independent Hospitals Association, Irish Hospice Foundation, National Federation of Voluntary Bodies Providing Services to People with Mental Handicap, National Council for Professional Development, DHSS Northern Ireland, Department of Health Scotland, UK Territories Workforce Information Group (TWIG) and WHO.</p> |
| How the identified dependices and linkages will be managed. | <p>-Internal: Ongoing discussions with relevant sections of the department, steering group meeting and circulation of minutes, regular updates to the nurse advisors group, frequent verbal updates to members of the policy division, action on the recommendations of the interim report.</p> <p>-External: Ongoing discussions with relevant parties regarding the progress of the <i>Study of the Nursing and Midwifery Resource</i>.</p> |
| Comments | <p>The Commission on Nursing in its final report - <i>a blue print for the future</i> (1998) - identified a need to strengthen the work force planing functions in the Department (par 7.16). The Nursing Policy Division acted on the recommendation by setting up a <i>Study of the Nursing and Midwifery Resource</i> in December 1998. Changes in the environment of nurses and midwives, such as, growth in the Irish economy and the health services; globalisation; and more particularly developments of nursing practice and education also influenced the establishment of the study. The focus of this work is on longer term planning. The primary objective of the study is to forecast, as far as is possible, future nursing and midwifery work force needs. An Interim Report of the Study was published by the Department in October 2000.</p> <p>Much progress has been made. However this has been slower than initially anticipated. Within six months it became clear that because of the lack of a national employment data base for nursing and midwifery it would not be immediately possible to undertake reliable forecasts. Currently there is no centrally held information on the age of nurses in employment, their employment type, the index for turnover or early retirement rate. The project is now focusing on ensuring the availability of the requisite information for forecasting.</p> <p>Progress on Phase III of the Study is dependent on recruiting an additional Researcher to work part-time on the Study. This is required as the original Nurse Researcher has been released part-time to join the Project Team for the new Health Strategy.</p> |
| | |

Nursing Policy Division

| Divisional Objective No. 4: Implementation of Report of Nursing Education Forum. | | | | |
|--|---|--|------------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Launch of report of Nursing Education Forum. | Launch report. | 24 January 2001 | Bernard Carey Peta Taaffe | Report Launched. |
| Establishment of an inter-departmental committee to consider the additional revenue funding and capital funding required for the implementation of a nursing degree programme. | <ul style="list-style-type: none"> ♦ Finalise Membership. ♦ Determine funding required. ♦ Negotiate with the Department of Finance | January 2001. June 2001. September 2001. | Bernard Carey Peta Taaffe | Inter-departmental committee established. |
| Establishment of a national implementation committee to oversee the implementation of the nursing degree programme. | <ul style="list-style-type: none"> ♦ Finalise Membership. | January 2001. | Bernard Carey Peta Taaffe | National Implementation committee established. |
| Facilitate direct discussions between Nursing Alliance and Third Level Institutions relating to the transfer of nurse teacher to the Higher Education Sector. | Liaise and consult with both parties and attend talks. | End of March 2001. | Bernard Carey Peta Taaffe | Agreement between parties. |

Nursing Policy Division

| Divisional Objective No. 4: Implementation of Report of Nursing Education Forum. | |
|---|--|
| Percentage of Total Divisional Time | 50% of P.O. time; 50% of A.P. time; 25% of Nurse Adviser time: 50% of H.E.O. time |
| Output(s)/ Services Delivered | (1) Report of Nursing Education Forum on strategy for transition of pre-registration nursing education and training from the three-year diploma programme to a four-year degree programme. (2) Briefing for Minister and M.A.C. on proposed strategy. |
| Dependencies/Linkages - External and Internal | Internal Linkages and Dependencies: - Liaise with Mental Health Services, Intellectual Disability Services, Medical and Paramedical sections of Personnel Management and Development Unit. External Linkages and Dependencies: - Department of Finance, Department of Education and Science, H.E.A., An Bord Altranais, H.S.E.A., Health Service Providers, Schools of Nursing, Nursing Alliances and other professional nursing representative bodies. |
| How the identified dependices and linkages will be managed. | Internal - Ongoing discussions with relevant sections of Personnel Management and Development Unit, and Mental Health Services and Intellectual Disability Services. External - Ongoing discussions with relevant parties regarding the implementation of the proposed strategy and implications for the health and education sectors. |
| Comments | A Nursing Education Forum was established in early 1999 to prepare a strategy for the implementation of a pre-registration Nursing Degree programme in 2002. The Forum's report recommended the establishment of an Inter-departmental Steering Committee and National Implementation Committee to oversee the transition to a degree programme. |

Nursing Policy Division

| Divisional Objective No. 5: Preparation of Heads of new Nurses Bill. | | | | |
|---|--|---|------------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Complete preparatory work on new Nurses Bill in line with recommendations of Commission on Nursing. | Draft Heads of Bill and supporting documentation. | Mid-June 2001 | Bernard Carey Peta Taaffe | Draft Heads of Bill completed. |
| Obtain approval of Minister and Secretary General to circulate to relevant Departments. | Provide briefing for Minister and Secretary General on proposed outline of Bill. | End of June 2001 | Bernard Carey Peta Taaffe | Draft legislative proposals approved for circulation |
| Prepare Memorandum for Government. | Circulate to Government Departments. Submit memorandum for Government with Heads of Bill. | Early July 2001 | Bernard Carey Peta Taaffe | Receive observations of other Government Departments to Heads of Bill. Approval of Government to Heads of Bill. |
| Liaise with Parliamentary Draftsman's office on drafting of Bill. | Agree timetable for drafting of Bill. Resolve legal issues. | October / November 2001 | Bernard Carey Peta Taaffe | Agreement of drafting timetable and draft Bill. |
| Introduction to Oireachtas and passage of legislation. | Memorandum for Government with draft Bill and preparation for Oireachtas debate. | .To be agreed, depending on Oireachtas time and Government priorities | Bernard Carey Peta Taaffe | Passage of Bill through Oireachtas. |

Nursing Policy Division

| Divisional Objective No. 5: Preparation of Heads of new Nurses Bill. | |
|---|--|
| Percentage of Total Divisional Time | 25% of P.O. time 50% of A.P. time |
| Output(s)/ Services Delivered | (1) Briefing documents. (2) Heads of Bill. (3) Memorandum for Government. |
| Dependencies/Linkages - External and Internal | <p>Internal Linkages and Dependencies:</p> <ul style="list-style-type: none"> - Liaise with Medical and Paramedical sides of Personnel Management and Development Unit to ensure consistency of Nurses Bill with proposed new legislation on medical practitioners and registration of allied professionals. - Liaise with Legal Adviser. - Liaise with relevant sections in the Department to seek views on proposed changes to Nurses Act. <p>-External Linkages and Dependencies:</p> <ul style="list-style-type: none"> - Liaise with other Government Departments, An Bord Altranais, Nursing Alliance and other professional nursing representative bodies. - Liaise with Parliamentary Draftsman's office. |
| How the identified dependices and linkages will be managed. | <p>- Internal: Ongoing discussions with relevant sections of Personnel Management and Development Unit.</p> <p>- External: Ongoing communication with relevant bodies.</p> |
| Comments | At the launch of the Report of the Commission on Nursing the Minister gave a commitment to immediately introduce six measures in response to the Commission's recommendations. These measures included the introduction of new legislation to amend the Nurses Act, 1985. The drafting of the new Nurses Bill is in line with the recommendation of the Commission. |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|---|---|--|---|
| 1. To implement the Performance Management and Development System for all officers in the Division. | (1) Appropriate training course for all staff. (2) Preparation of agreed Role Profile Form for each officer. (3) Interim review of progress between job holder and manager. | To be agreed shortly with Change Management Unit - depends on timing of courses. Overall aim is to have each officer trained and Role Profile agreed by (e.g.) mid year? | PO and Change Management Unit in driving the initiative; all officers of Division in full implementation. |
| 2. To develop a structured system of staff development based on needs identified under the Performance Management and Development System. | Agreed training/education plan for each officer in line with Performance Management and Development System | Same deadline as for completion of agreed role profile. | All officers of Division - each job holder in association with respective manager. |
| 3. To ensure that the Division adheres to the Revised Principles of Quality Customer Service (2000) as they relate to its work. | Principle 4: Information - Development and maintenance of web site for Nursing Policy Division issues. | Ongoing. | PO and all officers in relation to their areas. |
| | Principle 12: Internal Customer - Recognising staff as internal customers through speedy follow up of queries by e-mail and voice mail. | Ongoing. | PO and all officers in relation to their areas. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|------------------------------------|---|
| Monthly reviews on progress of Divisional Objectives. | All Staff Nursing Policy Division. | (1) Implementation of Commission on Nursing Report - Priority Action Plan. (2) Study of Nursing and Midwifery Resource. (3) Implementation of Report of Nursing Education Forum. (4) Publication of New Nurses Bill. |

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Department of Health and Children

Business Plans 2001

Division name: Personnel Management and Development

Division head: Larry O'Reilly

Divisional objectives:

1. Progress the implementation of the EU Directive through the Study on NCHD Working Hours
2. Progress the implementation of the Medical Manpower Forum Report
3. Complete the implementation of the NCHD 2000 Agreement
4. Support the Minister in the discharge of his functions
5. Consultation on and contribution to the new Health Strategy
6. Personnel Management Development System (see Section 2)

Section 1

| Divisional Objective No. 1: Progress the implementation of the EU Directive through the Study on NCHD Working Hours | | | | |
|---|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Prepare memo to Government in association with the Medical Manpower Forum Report | Memo for Government to be drafted | | Larry O'Reilly, P O'Byrne | 1. Memo taken to Government 2. Publish report |
| Establish a National Taskforce to oversee the implementation of the EU Directive on NCHD working hours and the recommendations of the Medical Manpower Report | 1. Draw up terms of reference for the National Taskforce to perform functions in relation to Medical Manpower\NCHD working hours issue. 2. Nominate membership to National Taskforce. | | Larry O'Reilly, P O'Byrne | 1. Terms of reference agreed. 2. Taskforce established. |
| Establish a Steering Group on the Implementation of report on NCHD working hours | 1. Draw up terms of reference for the National Taskforce to perform functions in relation to Medical Manpower\NCHD working hours issue. 2. Nominate membership to National Taskforce. | | Larry O'Reilly, P O'Byrne | 1. Terms of reference agreed. 2. Appointment of Steering Group 3. Appt. of Medical Manpower Managers 4. Reduction of NCHD working week by 3 hours by end 2001. |

| | |
|--|--|
| Divisional Objective No. 1: Progress the implementation of the EU Directive through the Study on NCHD Working Hours | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | NCHD working hours should be reduced by at least 3 hours in 2001. The EU Directive on Working Hours states that by 2004 the maximum average hours that an NCHD can work in a week will be 58 hours. By 2007 the number of hours will be reduced to 56. By 2009 the average hours worked by NCHDs will be 48. |
| Dependencies/Linkages - External and Internal | National Taskforce, Steering Group, HSEA, health boards, hospitals, Comhairle na nOspideal, IMO, IHCA, Postgraduate Medical and Dental Board, Dept of Finance, Medical Council |
| How the identified dependices and linkages will be managed. | Linkages will be managed mainly by way of meetings with the interested bodies and the submission of material. |
| Comments | The full extent of how much time and effort will be spent on this issue, at this point, is unclear. The long terms effects of the EU Directive will have far reaching consequences on NCHDs, the service provided by hospitals in the Public Health Service and, most importantly, the care of patients. We will have a clearer picture of what is involved when the Steering Group has reported. One of the recommendations of the PA Study is the setting up of a task force. It is likely that the task force will be set up until the Project Group has submitted its report. This will allow us to define the work of the task force. |

| Divisional Objective No. 2: Progress the implementation of the Medical Manpower Forum Report | | | | |
|---|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Prepare memo to Government with the Study on NCHD Working Hours | Memo for Government to be drafted | | Larry O'Reilly, P O'Byrne | 1. Memo taken to Government 2. Publish Study |
| Establish a National Taskforce to oversee the implementation of the EU Directive on NCHD working hours and the recommendations of the Medical Manpower Report | 1. Draw up terms of reference for the National Taskforce to perform functions in relation to Medical Manpower\NCHD working hours issue. 2. Nominate membership to National Taskforce. | | Larry O'Reilly, P O'Byrne | 1. Terms of reference agreed. 2. Taskforce established. |
| Commence negotiations regarding new consultant contracts with the medical organisations | 1. Appt. management negotiation team 2. Agree structures and timeframe for negotiations | | Larry O'Reilly, P O'Byrne | Negotiations completed |
| Establish a Steering Group on the Medical Manpower resources implications | 1. Draw up terms of reference for the Steering Group to perform functions in relation to Medical Manpower resources and other issues. 2. Nominate membership to the Steering Group. | | Larry O'Reilly, P O'Byrne | 1. Terms of reference agreed. 2. Appointment of Steering Group |
| Prepare further Memo to Government dealing with recommendations of report, - costs, increase in number of consultants, etc. | Memo for Government to be drafted | October 2001 | Larry O'Reilly, P O'Byrne | 1. Memo taken to Government 2. Government decision obtained |
| Commence implementation of recommendations | Direct Agencies on implementation of recommendations | | Larry O'Reilly, P O'Byrne | Commence implementation of recommendations. |

| Divisional Objective No. 2: Progress the implementation of the Medical Manpower Forum Report | |
|---|---|
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | Assessment of the MMFrecommendations completed and implementation commenced. Patients will be more likely to be treated by fully trained doctors/consultants than at present. The necessary increase in the number of consultants will begin. Improved patient care in hospitals through increased medical staffing. |
| Dependencies/Linkages - External and Internal | HSEA, IMO, IHCA, Medical Council, Health Boards, Hospitals, Dept of Finance |
| How the identified dependices and linkages will be managed. | Meetings with the interested agencies and the submission of material. |
| Comments | As with item 1 it is unclear how much time and resources will be required to fully implement the recommendations of the MMF Report. The resources required to serve the negotiation process will be extensive and will determine the ability to undertake other key objectives. When the Steering Group submits its study we will have a better idea of what will be required and what kind of demands will be made of this Unit in implementing this report. |

| Divisional Objective No. 3: Complete the implementation of the NCHD 2000 Agreement | | | | |
|---|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1. Appt. of Medical Manpower Managers (MMM) and setting up national support network | Advertisement of posts. Filling of posts. Establishment of network. | Mid February 2001 | Larry O'Reilly, P O'Byrne | Posts filled and network established |
| 2. Resolution of issue - "Overtime after 39 hours worked" | HSEA to reach agreement with IMO on the interpretation of the interim agreement | February 2001 | Larry O'Reilly, P O'Byrne | Agreement reached |
| 3. Establishment and operation of the Verification Board (for overtime payments due under the old contract) | 1. Board agrees a formula for payment with the IMO <u>or</u> no formula agreed and claims must be individually verified. 2. Obtain necessary funding | End March 2001 | Larry O'Reilly, P O'Byrne | 1. Board established. Formula agreed or not. 2. Funding made available |
| 4. Examination of requirements of refurbishment programme for Doctors' residences | 1. HSEA and IMO agree a list of residences to be refurbished, on a phased basis. 2. Obtain necessary funding. | | Larry O'Reilly, P O'Byrne | 1. Agreement reached. 2. Funding made available. |
| 5. Prepare and circulate guidelines on NCHD consultation (local) | HSEA and IMO agree draft guidelines for circulation to agencies and NCHDs | | Larry O'Reilly, P O'Byrne | Agreement reached |
| 6. Prepare and circulate a Code of Employment Practice | HSEA to complete drafting of code to be followed by IMO Agreement and circulation to health agencies | | Larry O'Reilly, P O'Byrne | Code drawn up. Agreement reached with IMO. |
| 7. Prepare and circulate more user friendly payslips | HSEA to complete revision of payslips, followed by circulation to agencies for implementation | | Larry O'Reilly, P O'Byrne | Revised payslips prepared. |
| 8. Implement logbook system | Complete redesign of the current logbook system and commence use of same | | Larry O'Reilly, P O'Byrne | Logbook redesigned and agencies notified to use same |
| 9. Preparation of new NCHD contract | To be undertaken by the HSEA when the above outstanding issues are resolved | | Larry O'Reilly, P O'Byrne | Draft contract submitted to Dept. Agreement with IMO. |
| 10. Blood Borne Diseases | Agree structures for advice/support and training/redeployment of NCHDs. | | Larry O'Reilly, P O'Byrne | 1. Agreement reached. 2. Recommendations implemented. |
| 11. Drafting of new Specialist Registrar contract | Agree protected time off for study with the IMO. | | Larry O'Reilly, P O'Byrne | 1. Agreement of draft contract. 2. Finalise agreement. |
| 12. Change of date of NCHD rotation | Commence discussions | | Larry O'Reilly, P O'Byrne | Reach Agreement. |

| | |
|---|--|
| Divisional Objective No. 3: Complete the implementation of the NCHD 2000 Agreement | |
| Percentage of Total Divisional Time | 30% |
| Output(s)/ Services Delivered | Working conditions of NCHDs improved to agreed standards. This will result in improved work practices and improved service delivery. Patient care will be of the highest standard. |
| Dependencies/Linkages - External and Internal | HSEA, IMO, Verification Board, Health Boards, Hospitals |
| How the identified dependices and linkages will be managed. | Meetings with agencies/bodies involved. Formal submissions to Dept. |
| Comments | The amount of time we will spend on these matters is largely dependent on how quickly agreement can be reached on the various issues. |

| Divisional Objective No. 4: Ministerial Support | | | | |
|--|--|-------------------------------|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Provide replies to PQs (estd. 220 per annum) and representations (estd. 118 per annum) | <ul style="list-style-type: none"> Research information Prepare reply to PQ and submit to Sec. General's Office Prepare reply to Rep and submit to Ministers Office | As required | Larry O'Reilly, P O'Byrne, Philip Doran, Deirdre Dunworth, Gary Doyle, Linda Moloney | Submit accurate information on time. Feedback from Minister and Secretary |
| Provide speech or speech material and briefing for Minister / Minister(s) of State | <ul style="list-style-type: none"> Research Collate information as necessary Draft speech Draft briefing material | As required | Larry O'Reilly, P O'Byrne, Philip Doran, Deirdre Dunworth, Gary Doyle, Linda Moloney | Submit accurate information on time. Feedback from Minister and Minister(s) of State |

| Divisional Objective No. 4: Support the Minister | |
|--|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Keeping Ministers informed by way of briefing material and promoting the service provided by the Unit through speeches and press releases. |
| Dependencies/Linkages - External and Internal | Ministers' Offices, Secretary General's Office, Press Office, Ministerial advisors and other Units/Divisions within this Department |
| How the identified dependices and linkages will be managed. | Use feedback and other comment to develop a protocol for dealing speedily and effectively with requests. |
| Comments | The volume of time taken up with Ministerial support is constantly high especially at HEO, EO and CO level. Due to the large volume of PQs (2000 saw an increase of 150% over 1999), especially at Oral PQ time up to 50% of EO and HEO time can be taken dealing with these replies. If this level of support is reequred throughout 2001 it will effect our ability to progress other work items. |

| Divisional Objective No. 5: Consultation on, and contribution to, the Health Strategy | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Consider developments/initiatives for inclusion in the revised Health Strategy | Liaise with officers drafting Strategy with regard to content on Medical and Dental personnel issues. | | Larry O'Reilly, P O'Byrne | Material submitted to officers drafting revised Strategy |
| | Suggest information on the following for inclusion <ol style="list-style-type: none"> 1. Report of Medical Manpower Forum 2. NCHD 2000 Agreement 3. NCHD 48 Hour Working Week report 4. New Medical Practitioners Act 5. Improvement of delivery of services to patients through <ul style="list-style-type: none"> - restructuring of staffing in hospitals, - restructuring of dental grades, and - public health service review | | Larry O'Reilly, P O'Byrne | Key issues relating to Medical and Dental area included in Strategy |

| Divisional Objective No. 5: Consultation on , and contribution to, the Health Strategy | |
|---|---|
| Percentage of Total Divisional Time | 5 % |
| Output(s)/ Services Delivered | Informing the public of improvement to hospital and public health services as a result of initiatives such as the Medical Manpower Report, improved working conditions of NCHDs following the 2000 Agreement, revision of pay and conditions of Medical Officers etc. |
| Dependencies/Linkages - External and Internal | Secretary General, Units within Department, Strategy Steering Group, Partnership Forum, HSEA |
| How the identified dependices and linkages will be managed. | Meetings and submissions of material. |
| Comments | <p>The report of the Medical Manpower Forum will have a significant effect on the staffing in public hospitals. It is likely that the number of hospital consultants will increase considerably. Likewise the NCHD 2000 Agreement will ensure that junior hospital doctors have improved pay and conditions which again will result in providing a better service to hospital patients. Agreement was reached in early 2000 with the IMO which improved the pay of Medical Officers of District/Community Hospitals.</p> <p>The end result of these initiatives and Agreements is a better staffed, better trained workforce which obviously leads to improved service provision.</p> |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|---|------------------------|--|
| 1. Personnel Management Development System. 2. Customers Services | Fully trained, motivated staff Improved service to all customers | | All members of staff team |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|-----------------------|--|
| <ol style="list-style-type: none">1. Monthly staff meetings2. Reports on progress3. Quarterly reviews of Business Plan4. Individual review of members of staff in the context of the Personnel Management Development Scheme | Larry O'Reilly | Key objectives/timeframes revised as a result of reviews |

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Reporting to Ms Frances Spillane

Child Care Legislation

Child Care Policy

National Children's Office

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Department of Health and Children

Business Plans 2001

Division name: Child Care Legislation Unit

Division head: Mary McLoughlin, PO

Divisional objectives:

1. Supporting the Minister in the discharge of her functions
2. Providing a legislative framework which adequately supports the day to day provision of a modern well-integrated child care service, focused in 2001 on
 - Ratification of the Hague Convention on Intercountry adoption
 - Adoption information, post-adoption contact and associated issues
 - Ombudsman for Children
 - Mandatory Reporting of Child Abuse
3. Planning the strategic development of childcare services in relation to
 - a) adoption, through the development of the necessary legislative framework and implementation of resulting policies, through partnership and consultation with the Adoption Board, health boards, voluntary sector and other relevant stakeholders
 - b) the reporting and assessment of child abuse, in particular monitoring the implementation of revised national guidelines on the protection and welfare of children, (*Children First*), through partnership and consultation with the health boards, voluntary sector, other relevant governments and other interests and
 - c) the ongoing maintenance and development of child care information systems and of financial information in relation to child care, through consultancy projects in co-operation

Section 1

| Divisional Objective No. 1: Supporting the Minister in the discharge of her functions | | | | |
|---|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ensure effective and efficient management of workloads | Replying to PQs | Ongoing activity | Mary McLoughlin | 70% of replies to SecGen's Office by evening before answer date |
| | Replying to Ministerial Representations | Ongoing activity | Mary McLoughlin | 70% of replies to issue within 20 working days: establish monitoring system |
| | Replying to general correspondence and responding to FOI requests | Ongoing activity | Mary McLoughlin | 70% of replies to issue within 20 working days; Meet 100% of FOI deadlines |
| | Preparing expenditure estimates and other general admin duties | Ongoing activity | Mary McLoughlin | Meeting specific deadlines as they arise |
| | Preparing speeches, briefing notes for the Minister and for others | Ongoing activity | Mary McLoughlin | Meeting specific deadlines as they arise |
| | Maintaining good knowledge of developments | Ongoing activity | Mary McLoughlin | Up to date briefing provided to Minister etc. |

Child Care Legislation Unit

| Divisional Objective No. 2: Providing a legislative framework which adequately supports the day to day provision of a modern well integrated child care service, focused in 2001 on <ul style="list-style-type: none"> • Ratification of the Hague Convention • Adoption Information Information, Post Adoption Contact and Associated issues • Ombudsman for Children • Mandatory Reporting of child abuse | | | | |
|---|---|--|---------------------------------------|----------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ratification of the Hague Convention on Intercountry adoption | <ul style="list-style-type: none"> • Finalise Heads of Bill • Submit to Government • Liaison with Parliamentary Counsel • Drafting of necessary regulations | <ul style="list-style-type: none"> • by end February 2001 • by end March, 2001 • ongoing <p style="text-align: center;">Ongoing</p> | MaryMcLoughlin/ Liz Canavan | Meet specific deadlines |
| Preparation of new legislation on adoption information, post adoption contact and associated issues. | <ul style="list-style-type: none"> • Submit draft scheme of bill to Secretary General and Minister • Finalise & submit Memorandum for Govt • Liaise with parliamentary Counsel | <ul style="list-style-type: none"> • by early February2001 • by end February 2001 • Ongoing | Mary McLoughlin/ Catherine McManus | |
| Address problem of records managementin support of the Bill | <ul style="list-style-type: none"> • High level records management consultancy • Implement recommendations of feasibility study | <ul style="list-style-type: none"> • Go to tender in early March 2001 and project to be completed by June 2001 <p style="text-align: center;">Ongoing from September 2001</p> | Mary McLoughlin/ Catherine McManus | |

Child Care Legislation Unit

| Divisional Objective No. 2: Providing a legislative framework which adequately supports the day to day provision of a modern well integrated child care service, focused in 2001 on <ul style="list-style-type: none"> • Ratification of the Hague Convention • Adoption Information Information, Post Adoption Contact and Associated issues • Ombudsman for Children • Mandatory Reporting of child abuse | | | | |
|---|--|--|-----------------------------------|----------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ombudsman for Children | <ul style="list-style-type: none"> • Prepare draft legislation in liaison with Parliamentary Counsel • Submit to Government for approval • Publish Bill • Support Minister in putting legislation through the Oireachtas | <ul style="list-style-type: none"> • by end April 2001 • June 2001 • July 2001 July (& autumn) | Mary McLoughlin/ Ger Hughes | |
| <ul style="list-style-type: none"> • Finalise White Paper on Mandatory Reporting | <ul style="list-style-type: none"> • Liaise with Attorney General's Office and Legal Advisor re legal issues • Finalise text of draft White Paper • Draft and submit Memo to Government • Publish White paper | <ul style="list-style-type: none"> • Ongoing- issues to be clarified by end February 2001 Dates for finalised text and publication depends on previous task | Mary McLoughlin/ Gerard Hughes | |

Child Care Legislation Unit

| | | | |
|--|--|---|--|
| Divisional Objective No. 2: Providing a legislative framework which adequately supports the day to day provision of a modern well integrated child care service, focused in 2001 on <ul style="list-style-type: none"> • Ratification of the Hague Convention • Adoption Information Information, Post Adoption Contact and Associated issues • Ombudsman for Children • Mandatory Reporting of child abuse | | | |
| Percentage of Total Divisional Time | 35% | | |
| Output(s)/ Services Delivered | Three New Bills - <i>Ratification of Hague Convention</i> <i>Adoption Information Bill</i> <i>Ombudsman for Children</i> White Paper on Mandatory Reporting Feasibility study on records management | | |
| Dependencies/Linkages - External and Internal | <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> Internal Child care Policy Unit Minister's Office of legislation & Secretary Generals Office Adoption Board Legal Advisor </td><td style="vertical-align: top; width: 50%;"> External Attorney General's office (both Parliamentary Counsel, for drafting Advisory side) Health Boards Other Government Departments </td></tr> </table> | Internal Child care Policy Unit Minister's Office of legislation & Secretary Generals Office Adoption Board Legal Advisor | External Attorney General's office (both Parliamentary Counsel, for drafting Advisory side) Health Boards Other Government Departments |
| Internal Child care Policy Unit Minister's Office of legislation & Secretary Generals Office Adoption Board Legal Advisor | External Attorney General's office (both Parliamentary Counsel, for drafting Advisory side) Health Boards Other Government Departments | | |
| How the identified dependices and linkages will be managed. | Ongoing contact with other units as required | | |
| Comments | The target dates in this section assume that no further tasks are taken on over the period of the plan, and also that no significant change occurs in the priorities attached to the tasks themselves. In relation to Mandatory Reporting it will not be possible to give a clear target date until a response has been received from the Attorney Generals Office re a number of legal issues. | | |

Child Care Legislation Unit

| Divisional Objective No. 3: Planning the strategic development of child care services in relation to: <ul style="list-style-type: none"> • adoption, through implementation of policies arising from new legislation, through partnership and consultation with the Adoption Board, health boards, voluntary sector and other relevant stakeholders • the reporting and assessment of child abuse, in particular monitoring the implementation of revised national guidelines on the protection and welfare of children, (<i>Children First</i>), through partnership and consultation with the health boards, voluntary sector, other relevant governments and other interests and • the ongoing maintenance and development of child care information systems and of financial information in relation to child care, through consultancy projects in co-operation with the health boards | | | | |
|--|--|---|------------------------------------|----------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Organisation and Management Review of the Adoption Board | <ul style="list-style-type: none"> • Submit Memo to Government • Establish Project Team to implement recommendations | <ul style="list-style-type: none"> • By end February by March 2001 | Mary McLoughlin/Liz Canavan | |
| Support and monitor implementation and review policy issues arising from revised child protection guidelines - Children First | <ul style="list-style-type: none"> • Monitor progress on agreed service plan objectives for 2001 • Monitor expenditure allocated for <i>Children First</i> • Implementation Group representation • Chair interdepartmental Monitoring Group • Review policy issues arising from implementation of <i>Children First</i> | <ul style="list-style-type: none"> • Ongoing • Ongoing • Ongoing • Ongoing • Ongoing | Mary McLoughlin/Gerard Hughes | |
| Child Care Management Information Project | <ul style="list-style-type: none"> • Receipt of tenders • evaluation of tenders, decision • Representation on and support of steering group | <ul style="list-style-type: none"> • Mid February 2001 • by end April 2001 • Ongoing | Mary McLoughlin/Catherine McManus/ | |
| Minimum Data Set | | <ul style="list-style-type: none"> • Ongoing | Catherine McManus/Janet Buckley | |

Child Care Legislation Unit

Divisional Objective No. 3:

Planning the strategic development of child care services in relation to:

- adoption, through implementation of policies arising from new legislation, through partnership and consultation with the Adoption Board, health boards, voluntary sector and other relevant stakeholders
- the reporting and assessment of child abuse, in particular monitoring the implementation of revised national guidelines on the protection and welfare of children, (*Children First*), through partnership and consultation with the health boards, voluntary sector, other relevant governments and other interests and
- the ongoing maintenance and development of child care information systems and of financial information in relation to child care, through consultancy projects in co-operation with the health boards

| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
|--|---|--|----------------------------------|-----------------------------------|
| | <ul style="list-style-type: none"> • Receipt and analysis of statistics • Identification of improvements (with steering group) • Liaison with boards to implement improvements | <ul style="list-style-type: none"> • Ongoing • Ongoing | | |
| Financial consultancy to determine spend on Child and Welfare Services | <ul style="list-style-type: none"> • Develop project plan • Seek tenders • Evaluate tenders and choose consultants • Monitor progress | <ul style="list-style-type: none"> • March 2001 • April 2001 • May 2001 • Ongoing 'till project ends | MaryMcLoughlin/ Gerard Hughes | |

Child Care Legislation Unit

Divisional Objective No. 3:

Planning the strategic development of child care services in relation to:

- adoption, through implementation of policies arising from new legislation, through partnership and consultation with the Adoption Board, health boards, voluntary sector and other relevant stakeholders
- the reporting and assessment of child abuse, in particular monitoring the implementation of revised national guidelines on the protection and welfare of children, (*Children First*), through partnership and consultation with the health boards, voluntary sector, other relevant governments and other interests and
- the ongoing maintenance and development of child care information systems and of financial information in relation to child care, through consultancy projects in co-operation with the health boards

| | | | | | | | | | | | | | |
|--|--|-----------------|-----------------|--------------------------|---------------|---------------------------|-------------------------------------|------------------------|---------------------|--------------|------------------------|---------------------------------|--|
| Percentage of Total Divisional Time | 30% | | | | | | | | | | | | |
| Output(s)/ Services Delivered | Regular updates on implementation status of <i>Children First</i> Monitoring of implementation issues via Implementation & Interdepartmental Groups Monitoring of project on MIS Maintenance and improvement of minimum interim dataset Establishing and monitoring financial consultancy project | | | | | | | | | | | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td>Internal</td><td>External</td></tr> <tr> <td>Minister Martin's Office</td><td>Health Boards</td></tr> <tr> <td>Minister Hanafin's Office</td><td>Consultancy companies - MIS Project</td></tr> <tr> <td>Child Care Policy Unit</td><td>- Financial Project</td></tr> <tr> <td>Finance Unit</td><td>Government Departments</td></tr> <tr> <td>Personnel (External & Internal)</td><td></td></tr> </table> | Internal | External | Minister Martin's Office | Health Boards | Minister Hanafin's Office | Consultancy companies - MIS Project | Child Care Policy Unit | - Financial Project | Finance Unit | Government Departments | Personnel (External & Internal) | |
| Internal | External | | | | | | | | | | | | |
| Minister Martin's Office | Health Boards | | | | | | | | | | | | |
| Minister Hanafin's Office | Consultancy companies - MIS Project | | | | | | | | | | | | |
| Child Care Policy Unit | - Financial Project | | | | | | | | | | | | |
| Finance Unit | Government Departments | | | | | | | | | | | | |
| Personnel (External & Internal) | | | | | | | | | | | | | |
| How the identified dependices and linkages will be managed. | Regular meetings of steering groups and implementation groups; contact with others as required | | | | | | | | | | | | |
| Comments | Re <i>Children First</i> : The targets indicated assume that the recruitment of 3 HeBE staff to work full-time on this project will reduce the workload experienced in the unit to-date. | | | | | | | | | | | | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|---|---|
| Ensure full implementation the Performance Management and Development System for all staff in the Unit | <ul style="list-style-type: none"> Detailed PMDS plan for each member of the Unit leading to improved staff morale and goal setting ability | <ul style="list-style-type: none"> Ongoing during 2001 | All staff in Unit/Change Mgt Team/Training Unit |
| Conduct a Training Needs Analysis for the Unit | <ul style="list-style-type: none"> Improved staff training, morale and team building | <ul style="list-style-type: none"> June 2001 | <ul style="list-style-type: none"> All staff in Unit & Training Unit |
| Contribute to the development of the Department's Health Strategy Plan | <ul style="list-style-type: none"> A strategic plan for the development of child care over the next 5 years | <ul style="list-style-type: none"> June 2001 | <ul style="list-style-type: none"> All staff in Unit |
| Put in place an early warning system which will indicate priorities in the area of child care legislation which might impact on plans of Unit | <ul style="list-style-type: none"> Early Warning List Updated Quarterly | <ul style="list-style-type: none"> Ongoing during 2001 | Mary McLoughlin, Liz Canavan, Ger Hughes, Catherine McManus (Liaison with CPU will be required) |
| Ensure all staff in Unit are aware of the Department's Quality Customer Service Plan (QCSP) and ensure all staff give effect to the principles of QCSP | <ul style="list-style-type: none"> A review of the operation of Customer Service principles | <ul style="list-style-type: none"> September 2001 | All staff in Unit |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---|---|
| <ul style="list-style-type: none"> • Development of operational plans • Weekly meetings with Director/Ass Sec • Weekly PO/AP meetings • Monthly Unit meetings | <ul style="list-style-type: none"> • All staff • Mary McLoughlin • Mary McLoughlin/All AP's • All staff | <ul style="list-style-type: none"> • Detailed operational plan to give effect to Business Plan • Revised and updated plan as required • Revised and updated plan as required • Revised and updated plan as required |

Department of Health and Children

Business Plans 2001

Division name: Child Care Policy Unit

Division head: Eamon Corcoran (Acting Principal Officer)

Divisional objectives:

1. To support the Minister of State in the discharge of her functions
2. To strengthen the accountability of services through the further Development of Evaluation and Monitoring Systems
3. To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS.

Section 1

| Divisional Objective No. 1: To support the Minister of State in the discharge of her functions | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Ensure effective and efficient management of workloads | Replying to PQ's | ongoing activity | various | 70% of replies to Secretary General's office evening before answer date |
| | Replying to Ministerial Representations | ongoing activity | various | 70% response rate within 20 working days |
| | Replying to general correspondence and FOI requests | ongoing activity | various | 70% of correspondence responded to within 20 working days and 100% of FOI requests processed within specified deadlines |
| 0 | preparing and reviewing expenditure estimates, and other general administrative tasks | ongoing activity | various | meeting specific deadlines as they arise |
| | Preparing speeches, briefing notes for the Minister, and other parties | ongoing activity | various | meeting specific deadlines as they arise |

Division: **Child Care Policy Unit**

| | | | |
|---|--|---|---|
| Divisional Objective No. 1: To support the Minister of State in the discharge of her functions | | | |
| Percentage of Total Divisional Time | 30% | | |
| Output(s)/ Services Delivered | PQ replies Ministerial Representation replies General correspondence replies FOI replies Estimates Submissions Speeches Briefs etc. | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td style="vertical-align: top;"> External Health Boards Attorney General's Office Special Residential Services Board Dept. of Justice, Equality & Law Reform Other Government Depts (as necessary) Relevant Interest Groups </td><td style="vertical-align: top;"> Internal Minister's Office Minister of State's Office Child Care Legislation Unit Finance Unit Personnel (external and internal) Secretary General's Office MAC Systems Unit Legal Advisor </td></tr> </table> | External Health Boards Attorney General's Office Special Residential Services Board Dept. of Justice, Equality & Law Reform Other Government Depts (as necessary) Relevant Interest Groups | Internal Minister's Office Minister of State's Office Child Care Legislation Unit Finance Unit Personnel (external and internal) Secretary General's Office MAC Systems Unit Legal Advisor |
| External Health Boards Attorney General's Office Special Residential Services Board Dept. of Justice, Equality & Law Reform Other Government Depts (as necessary) Relevant Interest Groups | Internal Minister's Office Minister of State's Office Child Care Legislation Unit Finance Unit Personnel (external and internal) Secretary General's Office MAC Systems Unit Legal Advisor | | |
| How the identified dependencies and linkages will be managed. | <table border="0"> <tr> <td style="vertical-align: top;"> External Inter-Departmental Working Groups Formal and Informal consultation and contact Review of outputs and achievement of objectives </td><td style="vertical-align: top;"> Internal Briefing Sessions with senior management and Minister of State etc. Regular office meetings Consultation and meetings with relevant sections as required Review of outputs and achievements of objectives </td></tr> </table> | External Inter-Departmental Working Groups Formal and Informal consultation and contact Review of outputs and achievement of objectives | Internal Briefing Sessions with senior management and Minister of State etc. Regular office meetings Consultation and meetings with relevant sections as required Review of outputs and achievements of objectives |
| External Inter-Departmental Working Groups Formal and Informal consultation and contact Review of outputs and achievement of objectives | Internal Briefing Sessions with senior management and Minister of State etc. Regular office meetings Consultation and meetings with relevant sections as required Review of outputs and achievements of objectives | | |
| Comments | <p>General The targets set for response to representations and correspondence are adapted from the Department's <i>Customer Service Action Plan</i>. Based on previous experience, a target of 70% is considered more realistic than 90%. A monitoring system will be introduced in order to measure achievement of targets.</p> <p>Staffing Issues Due to the project and service nature of the work in this Unit, it can be difficult to plan staffing requirements to reflect volumes and fluctuations in the workload, but there are existing vacancies in the Unit, the filling of which would effect the achievement of targets.</p> <p>Responses Times to PQs and Reps Achievement of the KPIs in regard to PQs and reps is dependent on the rapid provision of the necessary reports and information by Health Boards.</p> | | |

Division: **Child Care Policy Unit**

| Divisional Objective No. 2: To strengthen the accountability of Services through the further development of evaluation and monitoring systems | | | | |
|---|--|---|--|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Further development of the Social Services Inspectorate | Continued liaison with the SSI | ongoing | Eamon Corcoran Angie Noonan | |
| | Development of National Standards for Residential Care. | March 2001 | Angie Noonan and Kieran Smyth | Application of national standards in both statutory and voluntary sectors |
| | Development of National Standards for Special Care Units | April, 2001 | Kieran Smyth and Angie Noonan | Application of national standards to all Special Care Units. |
| | Implementation of SSI Composite Report recommendations and promotion of best practices | Spring 2001 | Angie Noonan | Hold Seminar to disseminate best practice. |
| | Development of Draft National Standards for Foster Care | Autumn 2001 | David Smith | Initiate arrangements with SSI |
| | Implementation of SSI Composite Report recommendations and promotion of best practices | Autumn 2001 | Angie Noonan | |
| Monitoring of Service Plans, Development Funding and NDP Expenditure | quarterly review of stated developments of service plan and progress thereupon | ongoing | D Smith to lead but involving all Child Care policy and legislation APs and Eamon Corcoran | Strengthening of monitoring system to assess Health Board's own performance in relation to service plan proposals and key performance indicators. (Also linked to CCLU in context of ' <i>Children First</i> '). |
| Further development of criteria to evaluate child care services | Development of planning and KPIs and also the compilation of an inventory of family support services delivered by or on behalf of Health Boards. | Ongoing during 2001; continuing in 2002 | David Smith, Ger Hughes, Mary Hargaden | Development of the appropriate service indicators. |
| Monitoring standards in Special care units | Special Residential Services Board consultancy on concurrent research on impact of Special Care Units on young people. | April 2001 | Kieran Smyth | Appoint Consultant Monitor Consultancy |

Division: **Child Care Policy Unit**

| | | | | | | | | | | | |
|---|--|-----------------|-----------------|---------------|------------------------------|------------------------------|-------------------------|-----------------------|--------------------|--------------------|-----------------------------|
| Divisional Objective No. 2: To strengthen the accountability of services through the further development of evaluation and monitoring systems | | | | | | | | | | | |
| Percentage of Total Divisional Time | 20% | | | | | | | | | | |
| Output(s)/ Services Delivered | National Standards in Foster Care established and published Best practice in Residential Care identified and disseminated Best Practices in Foster Care identified and disseminated through both statutory and voluntary sectors. Strengthened monitoring systems to be put in place Review of existing level of services to be undertaken and linked in with MIS project. | | | | | | | | | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td>External</td><td>Internal</td></tr> <tr> <td>Health Boards</td><td>Social Services Inspectorate</td></tr> <tr> <td>Voluntary Residential Sector</td><td>External Personnel Unit</td></tr> <tr> <td>Department of Finance</td><td>Corporate Services</td></tr> <tr> <td>Department of SCFA</td><td>Child Care Legislation Unit</td></tr> </table> | External | Internal | Health Boards | Social Services Inspectorate | Voluntary Residential Sector | External Personnel Unit | Department of Finance | Corporate Services | Department of SCFA | Child Care Legislation Unit |
| External | Internal | | | | | | | | | | |
| Health Boards | Social Services Inspectorate | | | | | | | | | | |
| Voluntary Residential Sector | External Personnel Unit | | | | | | | | | | |
| Department of Finance | Corporate Services | | | | | | | | | | |
| Department of SCFA | Child Care Legislation Unit | | | | | | | | | | |
| How the identified dependencies and linkages will be managed. | Follow Up action with Health Boards in relation to inspections. Regular schedule of meetings and briefing sessions in context of proposed quarterly reviews of Service Plans. Regular correspondence. Regular meetings of the SSI Steering Group | | | | | | | | | | |
| Comments | Adequate staffing levels will be a key issue in the achievement of these objectives. | | | | | | | | | | |

Division: **Child Care Policy Unit**

| Divisional Objective No. 3 To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS. | | | | |
|--|--|-----------------------------------|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| (a) Development of Youth Homelessness Strategy | Finalise Strategy Document Submit to Government Publish document | March 2001 | Eamon Corcoran Kieran Smyth | Submission of Report to Govt. Publication of Report |
| | Monitoring of Implementation of Homelessness Strategy | Ongoing during 2001 | Eamon Corcoran Kieran Smyth | Successful local implementation of Strategy by HBs. |
| (b) Development of Foster Care | Finalise Working Group Report Submit to Government Publication of the Report of the Working Group on Foster Care | March 2001 | David Smith | Submission of report to Govt Publication of Report |
| | Implementation of new Foster Care allowances and abolition of Discretionary Payments System. Implementation of Report's recommendations | July 2001 | David Smith | Implementation of new arrangements |
| (c) High Support/Special Care Units | Ensure scheduled building programme for these units is maintained. | Ongoing during 2001 and into 2002 | Eamon Corcoran Kieran Smith | Units to open on schedule. |
| (d) To manage the passage of the Children Bill through the Oireachtas, in conjunction with the Department of Justice, Equality and Law Reform, and the Department of Education and Science. | Provision of support for the Minister of State on various stages through which the Bill has to pass. | June 2001 | Eamon Corcoran / David Smith | Passing of legislation |
| Preparation of regulations to implement Part 2 | Drafting and implementation of regulations | October 2001 | .David Smith/ Miriam Maguire | Regulations drafted |
| Preparation of regulations to implement Part 3 | Drafting and implementation of regulations | October 2001 | David Smyth/ Angie Noonan/ Kieran Smyth | Regulations drafted |
| Preparation of regulations to implement Part 11. | Drafting and implementation of regulations | October 2001 | Kieran Smith | Regulations drafted |

Division: **Child Care Policy Unit**

| Divisional Objective No. 3 To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS. | | | | |
|--|---|---|---|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Further development of Special Residential Services Board in anticipation of passage of Children Bill. | Appointment of Chief Officer and support staff | By Autumn | Kieran Smith | Appointments made |
| Implementation of Regulations in respect of Parts 2, 3 and 11. | Commencement of these regulations. | Depends on passage of primary legislation | Eamon Corcoran | Commencement occurs |
| (e) Support and monitoring of the ongoing development of the Springboard Family Support pilot Initiative, including the establishment of new projects and consideration of steps to be taken following the Final Evaluation Report. | Existing Springboard projects Continuation of support to - Evaluator, National Monitoring Committee, Evaluation Advisory Group, Project Leaders Forum | Ongoing during 2001 | Mary Hargaden A N Other Mary Murphy | meeting of specific actions by target dates |
| | New Springboard Projects Assistance with planning, development and ongoing support and monitoring of all aspects of the establishment of 3 new Springboard projects | Ongoing during 2001 | Mary Hargaden A N Other Mary Murphy | Successful establishment of 3 new projects |
| Contributing to the development of new NAPS and Health targets for the DOHC focusing on family support policies. | Participation in working party on NAPS and health targets | Jan-Sept | Mary Hargaden | Attendance at meetings Provision of support material to IPH as required. |
| Planning, support and monitoring of other developments relating to family support | Teenage Parenting Support Pilot Project Ongoing participation in National Monitoring Group Commissioning Research/Evaluation for Initiative Participation in other Groups/Initiatives as required | Ongoing | Mary Hargaden A N Other | Ensuring key objectives are met; Commencement of overall evaluation of projects and self-evaluation |

Division: **Child Care Policy Unit**

| | | | |
|---|--|---|---|
| Divisional Objective No. 3 To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS (continued). | | | |
| Percentage of Total Divisional Time | 40% | | |
| Output(s)/ Services Delivered | <p>(a) Homelessness Strategy published Implementation in progress Heldback funding allocated</p> <p>(b) Working Group on Foster Care Report published. Restructured Foster Care Allowances system to be introduced by end of July 2001. Implementation Programme under way</p> <p>(c) High Support/Special Care Units open on schedule.</p> | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td style="vertical-align: top;"> EXTERNAL Homelessness Health Boards D/Env+LG Foster Care Health Boards DSCFA D/Finance Irish Foster Care Assoc SCU/HSU D/Finance Health Boards </td><td style="vertical-align: top;"> INTERNAL Homelessness Psychiatric Services SCU/HSU HPO </td></tr> </table> | EXTERNAL Homelessness Health Boards D/Env+LG Foster Care Health Boards DSCFA D/Finance Irish Foster Care Assoc SCU/HSU D/Finance Health Boards | INTERNAL Homelessness Psychiatric Services SCU/HSU HPO |
| EXTERNAL Homelessness Health Boards D/Env+LG Foster Care Health Boards DSCFA D/Finance Irish Foster Care Assoc SCU/HSU D/Finance Health Boards | INTERNAL Homelessness Psychiatric Services SCU/HSU HPO | | |
| How the identified dependencies and linkages will be managed. | Regular meetings Ongoing liaison | | |
| Comments | The homelessness issue is very high profile and is subject to unpredictable crises. Considerable work can arise because of high profile cases in the High Court. A further issue under this heading is the review of the Pre-Schools Regulations which may now be taken over by the proposed Childcare Directorate. | | |

Division: **Child Care Policy Unit**

| | | | |
|---|---|--|---|
| Divisional Objective No. 3 To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS (continued). | | | |
| Percentage of Total Divisional Time | See page 8. | | |
| Output(s)/ Services Delivered | (d) Enactment of Children Bill 1999 Drafting of 3 sets of Regulations Establishment of Special Residential Services Board on a statutory basis | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td style="vertical-align: top;"> External Health Boards Department of Finance Department of Justice, Equality and Law Reform Department of Education and Science The Oireachtas </td><td style="vertical-align: top;"> Internal Corporate Services Social Services Inspectorate External Personnel Unit Child Care Legislation Unit </td></tr> </table> | External Health Boards Department of Finance Department of Justice, Equality and Law Reform Department of Education and Science The Oireachtas | Internal Corporate Services Social Services Inspectorate External Personnel Unit Child Care Legislation Unit |
| External Health Boards Department of Finance Department of Justice, Equality and Law Reform Department of Education and Science The Oireachtas | Internal Corporate Services Social Services Inspectorate External Personnel Unit Child Care Legislation Unit | | |
| How the identified dependices and linkages will be managed. | Regular schedule of meetings and briefings Regular written contact | | |
| Comments | Passage of the Bill through the Oireachtas depends on the allocation of Dail and Seanad time and is outside the control of CCPU. Commencement of Regulations for Parts 2, 3 and 11 is dependent on Children Bill being passed and on services\ structures being in place to ensure that Regulations may be effectively implemented. | | |

Division: Child Care Policy Unit

| | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------|-----------------|----------------------------|------------------|-----------------------------|-----------------------------------|------------------------------|---------------|------------------|--------------------|-----|---------------------|-----|------------------------|--|---------------------|--|----------------------------|
| Divisional Objective No. 3 To plan and implement major strategic initiatives in child care services, focused in 2001 on (a) Youth Homelessness (b) Foster Care (c) High Support/Special Care Units (d) the Children Bill, 1999 and (e) the development of family support initiatives in line with NAPS. | | | | | | | | | | | | | | | | | | | |
| Percentage of Total Divisional Time | See page 8. | | | | | | | | | | | | | | | | | | |
| Output(s)/ Services Delivered | <p>(e) Springboard Final Evaluation Report published 2 Policy papers published 2 national training seminars held 3 new projects commenced monthly briefings to Cabinet Committee</p> <p>Teenage Parenting Programme Evaluator appointed</p> | | | | | | | | | | | | | | | | | | |
| Dependencies/Linkages - External and Internal | <table border="0"> <tr> <td>Internal</td><td>External</td></tr> <tr> <td>Minister of State's Office</td><td>Other Govt Depts</td></tr> <tr> <td>Child Care Legislation Unit</td><td>Cabinet Cttee on Social Inclusion</td></tr> <tr> <td>Planning and Evaluation Unit</td><td>Health Boards</td></tr> <tr> <td>Community Health</td><td>Voluntary Agencies</td></tr> <tr> <td>HPU</td><td>External evaluators</td></tr> <tr> <td>SSI</td><td>Community Stakeholders</td></tr> <tr> <td></td><td>Maternity Hospitals</td></tr> <tr> <td></td><td>Institute of Public Health</td></tr> </table> | Internal | External | Minister of State's Office | Other Govt Depts | Child Care Legislation Unit | Cabinet Cttee on Social Inclusion | Planning and Evaluation Unit | Health Boards | Community Health | Voluntary Agencies | HPU | External evaluators | SSI | Community Stakeholders | | Maternity Hospitals | | Institute of Public Health |
| Internal | External | | | | | | | | | | | | | | | | | | |
| Minister of State's Office | Other Govt Depts | | | | | | | | | | | | | | | | | | |
| Child Care Legislation Unit | Cabinet Cttee on Social Inclusion | | | | | | | | | | | | | | | | | | |
| Planning and Evaluation Unit | Health Boards | | | | | | | | | | | | | | | | | | |
| Community Health | Voluntary Agencies | | | | | | | | | | | | | | | | | | |
| HPU | External evaluators | | | | | | | | | | | | | | | | | | |
| SSI | Community Stakeholders | | | | | | | | | | | | | | | | | | |
| | Maternity Hospitals | | | | | | | | | | | | | | | | | | |
| | Institute of Public Health | | | | | | | | | | | | | | | | | | |
| How the identified dependices and linkages will be managed. | Briefing sessions with Minister of State and senior mgt Consultation and meetings with other sections as required Briefing to Cabinet Cttee on Social Inclusion. Ongoing consultation with Project organisers Attendance at meetings related to individual projects Participation in training/seminars etc. | | | | | | | | | | | | | | | | | | |
| Comments | Successful achievement of some of these objectives is dependant on the appointment of A N Other (the secondment of a project worker from the ECAHB). NOTE 10% of the division's time has been earmarked for assisting with the preparation of the new health strategy and divisional development objectives | | | | | | | | | | | | | | | | | | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|--|--|-------------------------------|--|
| Ensure new CCPU staff receive induction training | Attendance at induction courses | end May | Training Unit/CMOD/new staff members in CCPU |
| Identify specialised training needs in the IT area and acquire same | Improvement in effectiveness of CCPU staff | end May | Training Unit/External training services/CCPU staff with identified training needs |
| PMDS training for CCPU staff | complete training; complete role profiles; | end May | CCPU, Change Mgt Team |
| Ensure CCPU staff have wider background in child protection and related issues | Attend courses and seminars | end May | CCPU, Training Unit External trainer |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|------------------------------|---|
| Ad hoc meetings as required | All staff in CCPU | Improved communication and work management. |
| Fortnightly structured meetings between PO and APs. | PO/APs | Improved work management. Improved communication. |
| Fortnightly meetings with Director | FS/EC/MMcL/JC | Improvement communication/ongoing monitoring of work. |
| Quarterly meetings of all CCPU staff | All CCPU staff | Improved communication. |
| Regular meetings with CCLU | EC/MMcL | Improved liaison between CCPU and CCLU. |

Department of Health and Children

Business Plans 2001

Division name: National Children's Office

Division head: John Collins

Divisional objectives:

1. To provide advice and support to the Minister.
2. To put in place the new structures for implementation of the Strategy including the full staffing of the National Children's Office.
3. To build awareness and support for the implementation of the National Children's Strategy at national and local level.
4. To promote implementation of the Strategy and oversee implementation of the Strategy by other departments by:
 - (a) developing and putting in place measures to further the first National Goal of the Strategy (Children will have a voice).
 - (b) developing and implementing a programme of policy research to further the 2nd National Goal of the Strategy (Children's lives will be better understood).
 - (c) working with other government departments to identify and progress an agreed number of cross-departmental initiatives related to the third National Goal of the Strategy (Children will receive quality supports and services) and to oversee general implementation of the Strategy by Departments.
5. To fulfill our international commitments under the United Nations Convention on the Rights of the Child and in relation to European Union initiatives.

Note

This is a provisional Business Plan for the transitional phase covering the first six months of the year while the new co-ordinating structures are being put in place. It cannot be completed until the National Children's Office is fully established and the Director appointed. Major elements of the work programme have to be negotiated with the relevant departments and agreed by the Cabinet Committee on Children. Because we have only recently taken on United Nations work it may take up more time than has been allocated to it at present and this may have implications for other elements of the plan. Implementation of the plan is subject to additional staff being available by May. It is expected that a major addendum to the plan will be made following the appointment of the Director of the Office.

Section 1

| Divisional Objective No. 1: To provide advice and support to the Minister. | | | | |
|--|---|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1. To be well informed on all matters concerning the implementation of the Strategy and on children's issues generally, with particular regard to matters having the potential to cause public concern or controversy. | 1. Development of Programme of Work, in consultation with departments, to implement the Strategy. 2. Ongoing consultation with departments and statutory and non-statutory agencies. | Ongoing | John Collins | Minister well briefed on all matters relating to children's issues and Strategy implementation. |

| Divisional Objective No. 1: To provide advice and support to the Minister. | |
|---|--|
| Percentage of Total Divisional Time | 5% |
| Output(s)/ Services Delivered | Cabinet Committee regularly updated on all matters relating to children's issues and the implementation of the Strategy. |
| Dependencies/Linkages - External and Internal | Co-operation of Government Departments and other agencies. Appointment of staff to the Office. |
| How the identified dependences and linkages will be managed. | Through the Advisory Board of the Office and meetings with the Minister of State. |
| Comments | |

| Divisional Objective No. 2: To put in place the new structures for implementation as set out in the Strategy. | | | | |
|--|--|-------------------------------|-------------------------------|-----------------------------------|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Bring National Children's Office into full operation. | 1. Agree functions and overall structure of the Office with: (i) Advisory Board of the Office (ii) Cabinet Committee. 2. Agree staffing levels with Department of Finance. 3. Put full staffing of Office in place including appointment of Director | May/June | John Collins & Michael Kelly | Office fully operational. |
| Establish National Children's Advisory Council. | 1. Agree functions and membership and obtain nominations 2. Agree Chairperson and appoint Council 3. Brief Cabinet Committee. | May | John Collins & Siobhan Lawlor | Holding of First Meeting. |

| Divisional Objective No. 2: To put in place the new structures for implementation as set out in the Strategy. | |
|--|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Office operational and working to business plan . National Children's Advisory Council established. |
| Dependencies/Linkages - External and Internal | Co-operation of Departments, including the Civil Service Commission. Availability of staff & building. Political agreement from Cabinet Committee on Children. Approval of posts by the Department of Finance. |
| How the identified dependices and linkages will be managed. | Through the Advisory Board of the new Office and meetings with the Minister of State and with Department of an Taoiseach. |
| Comments | Taoiseach's Department is proceeding with the establishment of the Cabinet Committee on Children which is an integral part of the new structures. |

| Divisional Objective No. 3: To build awareness and support for the implementation of the National Children's Strategy at national and local level. | | | | |
|---|---|-------------------------------|------------------------------|--|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| 1. Engage the County/City Development Boards in process. | County/City Development Board Conference | End February | Siobhán Lawlor | Feedback Implementation by County /City Development Boards by Jan 2002 |
| 2. Engage local and voluntary agencies | Regional Fora to be held in 11 locations nationwide | End June | Siobhán Lawlor | Involvement of statutory and voluntary agencies with County/City Development Board implementation plans. |

| Divisional Objective No. 3: To build awareness and support for the implementation of the National Children's Strategy at national and local level. | |
|---|--|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Conference and fora successfully completed. |
| Dependencies/Linkages - External and Internal | Ministers availability and co-operation of the Department of the Environment and Local Government, County/City Development Boards and other local statutory and voluntary agencies. Staff availability within the Office |
| How the identified dependencies and linkages will be managed. | Membership of the Board of the National Children's Office and with the participation of voluntary agencies at National Level. Creation of a two-way communication mechanism between the Office and the County/City Development Boards |
| Comments | |

Divisional Objective No. 4: To promote implementation of the Strategy and oversee implementation of the Strategy by other departments by:

(a) developing and putting in place measures to further the first National Goal of the Strategy (Children will have a voice);

(b) developing and implementing a programme of policy research to further the second National Goal of the Strategy (Children's lives will be better understood);

(c) working with other Government departments to identify and progress an agreed number of cross-departmental initiatives related to the third National Goal of the Strategy (Children will receive quality supports and services) and to oversee general implementation of the Strategy by Departments.

| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
|---------------------------------------|---|------------------------|------------------------------|--|
| (a) Establish the 1st Dáil na nÓg | Carry out necessary preparatory work in co-ordination with voluntary organisations. | End April | Siobhán Lawlor | Publication of recommendations |
| Holding of a series of local seminars | Co-ordinating with ISPCC and schools at local level. | End May | Siobhán Lawlor & Íde Mulcahy | Involvement of children at local level |

| | | | | |
|---|--|-------|--------------|---|
| (b) 1. Establish a number of Strategy Research Fellowships | Draw up tenders and complete application process | Sept. | Íde Mulcahy | Fellowships are established for new academic year |
| 2. Complete design phase of National Longitudinal Study | Co-operate with the Health Research Board | Sept. | John Collins | Design of Study completed. |

| | | | | |
|---|--|-----------|----------------|-------------------------|
| (c) Agree the areas for co-ordination | 1. Hold an Advisory board meeting of the Office. | End Feb. | Michael Kelly | Meeting held |
| | 2. Make submission to Cabinet Committee | End March | Michael Kelly | Submission made |
| Develop a National Play and Recreation Policy | Put together a working group to undertake the work | October | Siobhan Lawlor | Publication of document |

| | |
|--|---|
| Divisional Objective No. 4: To promote implementation of the Strategy and oversee implementation of the Strategy by other departments by: (a) developing and putting in place measures to further the First National Goal of the Strategy (Children will have a voice); (b) developing and implementing a programme of policy research to further the second National Goal of the Strategy (Children's lives will be better understood) (c) working with other Government departments to identify and progress an agreed number of cross-departmental initiatives related to the third National Goal of the Strategy (Children will receive quality supports and services) and to oversee general implementation of the Strategy by Departments. | |
| Percentage of Total Divisional Time | 35% |
| Output(s)/ Services Delivered | (a) Dáil convened and local Fora held (b) Fellowships established Request for tender for Longitudinal Study prepared (c) Areas for cross-departmental co-operation during 2001/2002 agreed. |
| Dependencies/Linkages - External and Internal | (a) Co-operation of local Schools and voluntary agencies. Availability of Minister of State (b) Availability of staff in Office including the appointment of a Director of Research. Support of the research community Availability of resources. Co-ordination with Department of Social, Community and Family Affairs re: Longitudinal Study as co-joint sponsor. (c) Co-operation from Departments Political agreement. |
| How the identified dependices and linkages will be managed. | (a) Through the work of preparatory groups involving the Office staff and voluntary agencies and the Department of Education & Science. (b) Engaging the academic community in structured consultation. Participating on established Committee under the auspices of the Health Research Board. (c) Through the structure of the Advisory Board of the Office and meetings with the Department of the Taoiseach. |
| Comments | (b) This is subject to getting the Research Director for the Office in place in advance of other office staff. |

| Divisional Objective No. 5: To fulfill our international commitments under the United Nations Convention on the rights of the Child and in relation to the European Union initiatives. | | | | |
|---|--|-------------------------------|------------------------------|---|
| Steps to achieve objective | Specific Actions | Target completion date | Person(s) responsible | Key Performance Indicators |
| Preparation for United Nations General Assembly Special Session on Children in September | 1. Attend international preparatory meetings. 2. Prepare a national end of decade review report 3. Contribute to United Nations outcome document for the Special Session | September | John Collins & Michael Kelly | Successful participation at United Nations General Assembly Special Session in September. |

| Divisional Objective No. 5: To fulfill our international obligations under the United Nations Convention on the Rights of the Child and in relation to European Union initiatives. | |
|---|---|
| Percentage of Total Divisional Time | 20% |
| Output(s)/ Services Delivered | Ireland's End of Decade Report to September meeting. Agreement on outcome document to the UN Special Session on Children. Arrangements in place for Taoiseach & Ministers attendance. |
| Dependencies/Linkages - External and Internal | Co-operation from Department Foreign Affairs. Co-operation from Departments to prepare national report. Availability of staff |
| How the identified dependices and linkages will be managed. | Meetings with Department of Foreign Affairs and through the Board of the Office. |
| Comments | |

Section 2

Divisional Development Objectives

| Objective | Output | Target completion date | Who needs to be involved in the achievement of the objective |
|----------------------------------|--|--------------------------------|--|
| Computer training for all staff. | All staff proficient in using the available computer packages. | March/April | Training Unit and National Children's Office staff. |
| Induction courses for new staff | New staff familiar with Civil Service protocols including the context of the National Children's Strategy. | Within one month of commencing | Training Unit and National Children's Office. |

Section 3

Business Plan Implementation:

| Monitoring Mechanism | Person(s) responsible | Output |
|---|---|--|
| National Children's Office staff meeting every fortnight. | John Collins, Eoin Deegan | Review of progress of previous fortnight and plan for coming fortnight |
| Progress reports to Minister for Children for presentation to Cabinet Committee | John Collins, National Children's Office Board. | Minister for Children & Cabinet Committee aware of progress made. |
| Meetings of National Children's Office Board. | John Collins, Marie Doyle | National Children's Office Board are aware of progress made. |